

INDIVIDUAL REGISTRATION
Please print legibly.

All information provided on this form is confidential and used for City business purposes only. This form may be returned to our office via Email, US mail, Fax, walk-in. Please return within 15 days. If you have any questions about this form, please contact our office. Thank you for your cooperation.

Name: _____

Social Security Number: _____

Delaware Address: _____

Mailing Address (if different): _____

If you are an Ohio Wesleyan University student and your permanent address is outside the City of Delaware, please list your permanent address on the "mailing address" line above.

Date you moved into the city: _____ Do you (check one) Own Rent ?

If you rent, please provide the name and address of your landlord: _____

Daytime Phone #: _____ Alternate Phone #: _____

Email Address (if we may contact you by email): _____

Note: If you are fully retired, and your ONLY income is from a pension, social security, interest/dividends or other non-taxable sources, you may sign the statement below to have your income tax account inactivated. You will not be required to file an annual income tax return unless you should have taxable income (wages, profits from partnerships and businesses, rental real estate, gambling winnings, etc. Contact our office if you are unsure whether or not your income is taxable).

I declare that I am fully retired and that my only source of income is non-taxable.

X _____

X _____

Below, please list all other occupants in your household over the age of 16. Use additional paper if necessary.

NAME	SS #	DATE OF BIRTH	RELATIONSHIP