City of Racine Residency Verification Form

**EMPLOYEE INFORMATION**

Employee Name: ________________________________  Employee Number: ________________

**CURRENT ADDRESS:**

___________________________________________________________________________________

Street Address

City ____________________________  State ___________  Zip ____________

**VERIFICATION DOCUMENTS PROVIDED (Two documents are required):**

Please provide two verification documents that reflect your current address.

☐ Valid Driver’s License

☐ Utility Bill (The utility bill must be dated from the previous month or current month that you are turning this documentation in.)

☐ Lease Agreement or Property Tax Bill (Must be current)

☐ Voter Registration

Received by: ________________________________  Date: ________________

**AUTHORIZATION:**

By signing and dating this form, I hereby certify that all of the information provided is true and correct. I understand that if I am falsifying the information listed on this form, I am in violation of Section 6.03 PROHIBITED ACTIVITY #3 of the City of Racine Employee Handbook dated January 1, 2015, which states “Lie, Cheat, Steal, or give false or incomplete information; or otherwise misrepresent his or her authority in the performance of assigned tasks”, which could result in disciplinary action, up to and including termination.

___________________________________________  ________________________

Employee Signature  Date