

City of Racine Residency Verification Form

EMPLOYEE INFORM	ATION	
Employee Name:		Employee Number:
CURRENT ADDRESS:		
Street Address		
City	State	Zip
VERIFICATION DOC	UMENTS PROVIDED	(Two documents are required):
Please provide two verifica	ation documents that refl	ect your current address.
this documentation in.) Lease Agreement of Voter Registration Received by:	llity bill must be dated from Property Tax Bill (Mus	
AUTHORIZATION:		
if I am falsifying the informa PROHIBITED ACTIVITY # Cheat, Steal, or give false or	tion listed on this form, I a 3 of the City of Racine Emincomplete information; or	of the information provided is true and correct. I understand that m in violation of Section 6.03 aployee Handbook dated January 1, 2015, which states "Lie, otherwise misrepresent his or her authority in the performance on, up to and including termination.
Employee Signature		Date
FOR HR USE ONLY:	- Residency Pay added Sca	Rev 10/23