NEW RESIDENTS FORM – TOWN OF HAMPTON FALLS, NH

PLEASE PRINT:

TODAY’S DATE ___________ DATE OF RESIDENCY ___________ DATE OF BIRTH ___________

FULL NAME __________________________________________________________________________ PHONE # __________________________

LEGAL ADDRESS _______________________________________________________________________

MAILING ADDRESS _____________________________________________________________________

OTHER MEMBERS OF FAMILY AND/OR PERSONS LIVING AT THIS ADDRESS:

SPOUSE/OTHER ADULTS __________________________________________________________________

CHILDREN _____________________________________________________________________________

DATES OF BIRTH (for school purposes)

_________________________ _________________

_________________________ _________________

_________________________ _________________

_________________________ _________________

PLEASE PROVIDE

IF RENTING, NAME OF LANDLORD ___________________________ COPY OF LEASE __________________

TOTAL # OF DOGS YOU OWN: ___________ IF YOU OWN DOG(S) PLEASE FILL IN BELOW

NAME ________ BREED ________ COLOR __________ spayed male _ non-spayed male / spayed female _ non-spayed female

NAME ________ BREED ________ COLOR __________ spayed male _ non-spayed male / spayed female _ non-spayed female

NAME OF VETERINARIAN: ___________________________ (Please provide updated rabies vaccination paperwork)

YOUR PREVIOUS ADDRESS ______________________________________________________________

I CERTIFY, UNDER PENALTY OR PERJURY, THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY ABILITY:

SIGNATURE: __________________________________________________________________________

Office Use Only: Witnessed one of the following __________________________________________________________________________

Utility Bill with name and address __________

Rental Agreement with name and address/signature page __________ INITIALS: __________