NEW RESIDENTS FORM – TOWN OF HAMPTON FALLS, NH

PLEASE PRINT:

TODAY’S DATE ______________ DATE OF RESIDENCY ______________

FULL NAME __________________ PHONE # __________________

LEGAL ADDRESS __________________ E-MAIL __________________

MAILING ADDRESS __________________

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

SPOUSE/OTHER ADULTS __________________

CHILDREN __________________ DATES OF BIRTH (for school purposes)

IF RENTING, NAME OF LANDLORD __________________ PLEASE PROVIDE RENT RECEIPT ______________

TOTAL # OF DOGS YOU OWN: __________ IF YOU OWN DOG(S), HOW MANY ARE:

    NEUTERED MALE _____ NON-NEUTERED MALE _____
    SPAYED FEMALE _____ NON-SPAYED FEMALE _____

YOUR PREVIOUS ADDRESS __________________

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

SIGNATURE: __________________