

TOWN OF HAMPTON FALLS

TOWN OFFICES, 1 DRINKWATER ROAD 603-926-4618



NEW HAMPSHIRE 03844

NEW RESIDENTS FORM – TOWN OF HAMPTON FALLS, NH

PLEASE PRINT:

DATE NOW _____ DATE OF RESIDENCY _____

FULL NAME _____

STREET ADDRESS _____ PO BOX _____ PHONE # _____

OTHER MEMBERS OF FAMILY AND/OR PERSONS LIVING AT SAME ADDRESS

SPOUSE/OTHER ADULTS _____

CHILDREN'S NAMES _____ (for school purposes) DATE OF BIRTH _____

IF RENTING, NAME OF LANDLORD _____ PLEASE PROVIDE RENT RECEIPT _____

TOTAL # 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, THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY ABILITY:

SIGNATURE _____