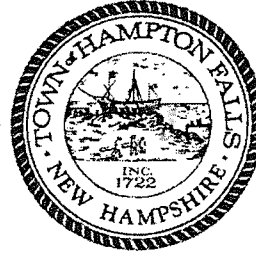


TOWN OF HAMPTON FALLS

TOWN OFFICES, 1 DRINKWATER ROAD 603-926-4618



NEW HAMPSHIRE 03844

NEW RESIDENTS FORM – TOWN OF HAMPTON FALLS, NH

PLEASE PRINT:

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: _____