

RESIDENT INFORMATION SHEET

Please complete and return to:
Town of Beverly Shores
P.O. Box 38
Beverly Shores, IN 46301
Beverlyshores.clerk@gmail.com
Phone 219-728-6531 Fax 219-728-6532

Date: _____

Name: _____

Residency: Full Time _____ Part Time _____

Beverly Shores House Number and Street: _____ P.O. Box # _____

Home Phone: _____ Cell Phone: _____ Other Phone(s): _____

Email Address (s): _____

Mailing Address (if different from above):

Street: _____ City/State/ Zip code: _____

Number of persons in household: _____

Names(s) and Relationship(s): _____

Senior Citizens (65+): Yes: _____ No: _____ Name(s): _____

Emergency Contact: _____ Phone: _____

Are there any pets in the household: Yes: _____ No: _____ How many: _____

Please list: Type (cat/dog, etc.) /Name/Breed/Color: _____

Full Time Residents Only

Number of school age children (K-12) in household _____

<u>Name</u>	<u>Date of Birth</u>	<u>School Attended</u>
_____	_____	_____
_____	_____	_____

Is there any additional information about your household or property that you feel is important to the Beverly Shores Police Department? If yes, please explain: _____

Office Use Only: Date Entered into System: _____