77 Main Street
Post Office Box 369
Warwick, NY 10990
www.villageofwarwick.org

Form v. 1.22.2020



(845) 986-2031 FAX (845) 986-6884 mayor@villageofwarwick.org clerk@villageofwarwick.org

VILLAGE OF WARWICK

INCORPORATED 1867

Local Residency Card Application

	☐ APPLICATION FEI	E: \$10.00	Check #	/ Cash		
APPLICATION INFORMATION						
Last Name:	First Name:			Middle Initial:		
Date of Birth (MM	M/DD/YYYY):	Age:	Email:	Phone:		
Home Address:	Village: Warwick	State: NY	Zip Code: 10	Apt:		
 As a Village of Warwick Local Residency Card Identification cardholder, I understand that: The Village of Warwick does not act as a guarantor or warrantor of the identity of the cardholder and is relying wholly and exclusively upon information provided by the applicant regarding identity and residency. The Village of Warwick shall make available to any resident of the Village of Warwick fourteen (14) years of age or more a Local Residency Card displaying the cardholder's photograph, name, date of birth and residence address. Local Residency Card shall expire four (4) years after the date of issuance and upon expiration, it shall be necessary for the card holder to apply for a new card. It shall be necessary to re-apply for a Local Residency Card in the event of a change of address or in the event of a lost, stolen or damaged card. In the event that the Village Clerk denies an application for a Local Residency Card, the applicant may appeal to the Village Board of Trustees within (30) days of written denial. 						
CERTIFICATION I affirm that I live in the Village of Warwick, NY; I am at least 14 years of age and all documents submitted and statements made on this application are true to the best of my knowledge. I certify that by signing this application I understand that it shall be a violation of Chapter 85 of the Village Code of the Village of Warwick for any person or entity to undertake any of the following acts: Knowingly presenting false information upon an application for a Local Residency Card; Altering, copying or replicating a Local Residency Card issued by the Village of Warwick without the permission of the Village; Using a Local Residency Card issued by the Village of Warwick to falsely claim to be the cardholder; Using a Local Residency Card issued by the Village of Warwick to falsely claim residency in the Village; Each violation of this Chapter shall be punishable by a fine of up to \$250.						
SIGNATURE OF APPLICANT DATE (MM/DD/YYYY) GUARDIAN (if applicable) The Village Clerk's Office has reviewed the documents submitted by the applicant. The Village of Warwick shall comply with all applicable laws regarding municipal record retention by maintaining, for each Local Residency Card issued, the completed application only. The Village Clerk shall not retain originals or copies of any documents provided by applicants to verify residency in the Village of Warwick Approved Denied Reason:						
Clerk's Office Signa	ature:	Clei	k's Office Printed	Name:		
Date of Approval or	Denial:					

77 Main Street Post Office Box 369 Warwick, NY 10990 www.villageofwarwick.org



(845) 986-2031 FAX (845) 986-6884 mayor@villageofwarwick.org clerk@villageofwarwick.org

Local Residency Card Application

Last	Name:	First Name:	Middle Initial:
of W	arwick. Such proof	Residency Cards must be submitted with may consist of any of the documents be ress provided, however, that addresses lency:	elow bearing the applicant's
		t issued ID card listing and address (e.g. on, a US permanent resident card or "gr	
	A deed or lease t	to residential property in the applicant's	name.
		r from a property owner or lessee repres upon or in his or her property.	senting that the applicant
	automobile insur	tax bill, utility bill or insurance bill (horance) dated not more than six (6) month the Local Residency Card.	
	_	ion card or a jury summons with identity ths prior to the date of the application for	
		statement or employment pay stub dated of the application for the Local Residen	
	-	er age 18 residency may be established betting a residence address.	by submission of a school record
<u>Villa</u>	ge Clerk's Office U	se Only	
	_	k's Office has reviewed the proof of resund it acceptable.	sidency submitted by the
Clerk'	s Office Signature:	Clerk's Office Print	ted Name:
Date	of Approval or Daniel		