



**RESIDENCE VERIFICATION FORM**

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**All users of KSAR15 equipment, facilities, and access channel time are required to substantiate their place of residence.**

(Please type or print clearly)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**ORGANIZATION (if relevant):** \_\_\_\_\_

**ADDRESS OF ORGANIZATION:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER OF ORGANIZATION:** \_\_\_\_\_

**Any one of the following documents is acceptable to verify residency. Please check relevant space and staple a copy of documentation to this form.**

- CURRENT CALIFORNIA DRIVER'S LICENSE** (with current address)
- STATE OF CALIFORNIA ID CARD** (with current address)
- RECENT UTILITY BILLS IN YOUR NAME**
- CURRENT MEDICAID/MEDICARE CARD IN YOUR NAME**
- OTHER** (If you submit documentation other than the above, staff may request a second form of verification.)
- OFFICIAL LETTER ON ORGANIZATION LETTERHEAD\***

**\*If your residence is outside the City of Saratoga, but you are producing on behalf of a 501 (c)(3) nonprofit, please attach a letter on official organization letterhead, signed by the organization's president or executive authorizing the production.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_