

CITY of ROSSVILLE

founded in 1871

"Come Grow With Us!"

City Hall
438 Main • P.O. Box 337
Rossville, KS 66533
785-584-6155



Fax: 785-584-6667
Local Community TV-Ch. 29

Visit us at:
www.rossvillekansas.us

POSITIVE ID FORM

This form has been prepared for verification purposes as requested. My signature shown below and the notarization of this form confirm that I am:

PLEASE PRINT

Name: _____

Rossville Street Address: _____

City/State/Zip: _____

Telephone Number: _____

My birth date is ____/____/____

I have attached to this affidavit true and correct photo copy of my **Social Security Card** and one of the following items of identification:

- a. Driver's License _____
(print state where issued, driver's license number)
- b. Birth Certificate
- c. Immigration Card
- d. Passport
- e. Other photographic identification _____

This form has been prepared and signed in the presence of a notary public. I understand that by signing this form I am validating that the above information is correct to the best of my knowledge.

Signature _____ Date _____

Important: Customer - Please keep a copy of this form for your records and for future reference. If one photo copy of **identification is not submitted or the photo copy does not match the identity of the person requesting service and/or identification is not presented that validates the applicant is of legal age, then the form will be rejected and service may be denied.**

Notary Public Use Only

State of _____

County of _____

I certify that this is a true and correct copy of a document in the possession of _____

(Seal)

My Appointment expires: _____

Please fax **OR** mail the completed form to: Fax Number: 785-584-6667
Mailing address: City of Rossville, P O Box 337, Rossville, KS 66533-0337