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I, the undersigned applicant, certify that all information contained on this application is true and accurate to the best of my knowledge. I fully understand that any falsification may subject me to prosecution pursuant to 2921.13 O.R.C., and shall be grounds for immediate refusal or revocation of any pass or pool privileges for any or all individuals listed on this application with no refund.

I certify that all individuals listed on this application are domiciled in and residents at the below listed address and I further authorize the St. Bernard Tax Department to confirm and verify the information contained on this application.

Circle: Grandparent Family Adult Youth Child _____
18+ 10-17 4-9 Name:

Phone Number _____ E-Mail _____

Address: _____
Street City State Zip Code

Applicant's Signature _____ Date _____

Adult _____ / / _____
Last First Date of Birth

Adult _____ / / _____
Last First Date of Birth

Wpf gt 'vj g'ci g'qf3: <' " " """"Cf f t gu'kif kkt gpv'lt qo 'cdqg''

Child _____ / / _____
Last First Date of Birth Age

Child _____ / / _____
Last First Date of Birth Age

Child _____ / / _____
Last First Date of Birth Age

Child _____ / / _____
Last First Date of Birth Age

Child _____ / / _____
Last First Date of Birth Age

Child _____ / / _____
Last First Date of Birth Age

Residency Checked By: _____