

City of Plymouth

NEW RESIDENT INFORMATION

NAME: _____

EMPLOYER'S NAME: _____

STREET ADDRESS: _____

EMPLOYER'S ADDRESS: _____

MAILING ADDRESS: _____

EMPLOYER'S PHONE #: _____

SPOUSE'S NAME: _____

PHONE #: _____

SPOUSE'S EMPLOYER: _____

BIRTH DATE: _____

SPOUSE'S EMPLOYER ADDRESS: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____

SPOUSE'S BIRTH DATE: _____

OWN: _____ RENT: _____

SOCIAL SECURITY #: _____

LANDLORD'S NAME: _____

DRIVER'S LICENSE #: _____

LANDLORD'S ADDRESS: _____

LANDLORD'S PHONE #: _____

RESIDENT HAS DOGS: Y _____ N _____

32 Gal _____ **64 Gal** _____ **96 Gal** _____
\$6.50 \$7.80 \$9.10

RECYCLING BIN: Y _____ N _____

DEPOSIT PAID: Y _____ N _____