

CHANNAHON FIRE PROTECTION DISTRICT

24929 S. CENTER STREET CHANNAHON IL 60410

815-467-6767 FAX: 815-467-5081



Channahon Fire Protection District

Proof of Residency Form

Please complete this informational sh	eet. Return this sheet ar	nd your proofs of re	sidency (originals)
to Fire Station #1, 24929 S. Center St	treet. Channahon. IL.		

Name:	
Street Address:	
Date of Initial Residency at this Address:	Number of Years at this Address:
Residency Proofs:	
Any two (2) of the following examples may be use (within the last two months unless otherwise noted) (if applicable) in the Channahon Fire Protection letters, or any bill indicating a service may be or balance are not acceptable proofs of residency.) and must show an address and service address District. Bill/payment stubs, "deposit required"
IF YOU ARE A PROPERTY OWNER:	IF YOU ARE A RENTER:
Real Estate Tax Bill (last issued) must be submitted with one (1) of the following: Electric Bill Gas Bill Water Bill Land Line Phone Bill Cable TV Bill Internet Bill	Copy of a Valid Lease (must include property owner contact information) must be submitted with one (1) of the following: Valid Renter's Insurance Policy Electric Bill Gas Bill Water Bill Land Line Phone Bill Cable TV Bill Internet Bill
Print Name:	
Signature:	
Date:	
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