



# RESIDENT PRIVILEGE CARD APPLICATION

ST. PETERS

COTTLEVILLE

Completed by Staff

NAME _____	BIRTHDATE _____	RPC# _____
NAME _____	BIRTHDATE _____	RPC# _____
DEPENDENT _____	BIRTHDATE _____	RPC# _____
DEPENDENT _____	BIRTHDATE _____	RPC# _____
DEPENDENT _____	BIRTHDATE _____	RPC# _____
DEPENDENT _____	BIRTHDATE _____	RPC# _____

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## RESIDENT PRIVILEGE CARD PROVISIONS

- Proof of residency is required to obtain a Resident Privilege Card. Staff may be able to verify residency through computer records; however, if you recently purchased your home, or if you lease or rent a home, you will need to bring proof of residency with you. The most common item used is a current utility bill; however, an official piece of mail that has a printed date less than 30 days old may be accepted. If your picture id does not have your current address on it, please bring a second item showing your home address. A P.O. Box is not acceptable as proof of a residential address.
- Picture ID is required for individuals 17 years of age and older.
- All individuals, 2 years of age and older, residing in the corporate limits of St. Peters or Cottleville are eligible to obtain a card.
- Cards are issued for three years. Proof of residency and photo identification are required upon renewal.
- Replacement charge is applicable if card is lost, stolen, or mutilated.
- Exclusive privileges are reserved for cardholders.
- Card is the property of the City of St. Peters. Misuse of card may result in revocation of card and privileges. Card is non-transferable.
- Resident benefits are for residential use only and do not apply to commercial usage.
- **Resident Privilege Card must be presented in order to receive benefits.**
- Participation in the Resident Privilege Program is restricted to St. Peters and Cottleville residents. Once residency is terminated, the card(s) are no longer valid. Cottleville Privilege Program may be changed or cancelled at anytime in accordance with the cooperative service agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## COMPLETED BY STAFF:

TYPE OF CARD	RESIDENCY VERIFICATION	PHOTO IDENTIFICATION
<input type="checkbox"/> New Card	<input type="checkbox"/> Utility Bill or Official Mail	<input type="checkbox"/> Drivers License/State ID
<input type="checkbox"/> Renewal	<input type="checkbox"/> County Assessor	<input type="checkbox"/> School ID (minors only)
<input type="checkbox"/> Replacement (\$3)	<input type="checkbox"/> Street Guide	<input type="checkbox"/> Other

Employee \_\_\_\_\_ Date \_\_\_\_\_