

RESIDENT PRIVILEGE CARD APPLICATION

\square S	AINT PETERS \square COTT	CLEVILLE
PRIMARY:		
Name:	Birthdate:	RPC# (STAFF)
Email:	Cell/Ho	ome:
Street Address:		
	Zip Code:	
SECONDARY:		
Name:	Birthdate:	RPC#
Email:	Cell/Ho	ome:
DEPENDENTS:		
Name:	Birthdate:	RPC#(STAFF)
Name:	Birthdate:	RPC#(STAFF)
Name:	Birthdate:	RPC#(STAFF)
	Birthdate:	
however, if you recently purchase most common item used is a curr accepted. If your picture id does Box is not acceptable as proof of a Picture ID is required for individual All individuals, 2 years of age and Cards are issued for three years. Replacement charge is applicable Exclusive privileges are reserved for Card is the property of the City of Resident benefits are for resident Resident Privilege Card must be property of the City of a Resident Privilege Card must be property of the City of the City of a Resident Privilege Card must be property of the City of th	als 17 years of age and older. older, residing in the corporate limits of St. Peters o Proof of residency and photo identification are requ if card is lost, stolen, or mutilated.	rill need to bring proof of residency with you. The thas a printed date less than 30 days old may be second item showing your home address. A P.O. r Cottleville are eligible to obtain a card. ired upon renewal. of card and privileges. Card is non-transferable. e residents. Once residency is terminated, the at any time in accordance with the cooperative
Signatu		 Date
COMPLETED BY STAFF		
TYPE OF CARD	RESIDENCY VERIFICATION	PHOTO ID
□ New Card	Utility Bill or Official Mail	☐ Driver's License/State ID
☐ Renewal	County Assessor	☐ School ID (Minors ONLY)
□ Replacement (\$3)	☐ Street Guide	□ Other

Employee:____

Date:____