

**Village of Green Island, NY
Resident Identification Cards**

Name: _____

Address: _____

Telephone: _____ (Home) _____ (Cell)

Date of Birth: _____ Sex (M - male F - female): _____

Height: _____ ft _____ in Eye Color: _____

Emergency Contact: _____

Telephone: _____ (Home) _____ (Cell)

Allergies: _____

Medical Condition(s) you would like the Park Staff to be aware of: _____

The information I have provided is current and correct. I am a resident of the Village of Green Island and understand that The Village of Green Island must be notified of any change of address within 2 weeks of moving. Failure to do so revokes this Residency Card and all privileges associated with it immediately.

Applicant Signature Date _____

Valid Proof of Residency: To Be Filled Out By Village Staff

Drivers License _____

Utility Bill _____

Tax Bill _____

Deed/lease agreement _____

Paycheck _____

OTHER _____ (Be very specific)
