

${\bf JOHNSON}\ {\bf COUNTY, IOWA}\ {\bf COMMUNITY}\ {\bf ID}\ {\bf APPLICATION}$

ADMINISTRATION

913 South Dubuque St. Iowa City, IA 52240

319-356-6004 Auditor's Office

	Applicant Information	
full Name:		
Address: Street Address	Apartment,	/Unit #
City hone: ()	State ZIP Code Date of Birth:	
PROOF OF IDENTIFI - current and not ex ONE of the following U.S. or foreign Passport U.S. Driver's license U.S. State non-driver's ID card U.S. Permanent resident card (Gr Consular ID (CID) Johnson County Community ID (n Birth certificate (persons 16 years Or TWO of the following National ID card (must include phodate of birth and expiration date) Foreign driver's license Voter registration card (must include phodate of birth certificate) U.S. or foreign military ID card (must be original birth certificate) Visa U.S. Individual taxpayer identificate card (must be accompanied by inphotograph) Identification card issued by institution, including elementary, or post-secondary schools Certified copy of US or foreign birthesis Social Security card Official medical record w/birth date old and under only) Official school record w/birth date old and under only)	Utility bill wilast 30 days Insurance be health, life, days) Medical bill Bank staten Employmen days) Insurance be health, life, da	ill, such as homeowner's, renter's, or automobile (dated within the last 30 (dated within last 30 days) ment (dated within the last 30 days) at pay stub (dated within the last 30 days) at pay stub (dated within the last 30 days) at pay stub (dated within the last 30 days) at pay stub (dated within the last 30 days) at pay stub (dated within the last 30 days) at least fifteen days bunty residency (dated within the last 30 days) at least 10 days) at least 10 days or court order issued by a state or at (dated within the last 30 days) at least 10 days) at least 10 days or refund statement the present year)
Other county, state, or federa document (must include name photo) Describe:	government-issued	

TURN OVER

Optional Information on back of ID					
gency Contact I	ıformation:				
gy Information:					
6 0					
ricted establishments ation card is valid for on listed in the docun	, or for other services res four years for adults, and nents I am submitting. Th inor child: I swear and/or	stricted by state or federa d two years for children. ne documents are true and	l law to citizens of the U.S. T I swear and/or attest that I i d accurate and I make this sta	for purchasing alcohol or tobacco This card is only valid in Johnson C reside in Johnson County, lowa ar atement under penalty of perjury. nnson County, lowa and is the pers	oun nd th If p
Signature: _			Date:		
Guardian Sig	nature (If applicant is	under 18):			
ID ISSUED	by	on			
	Staff name	on	Date .		
ID#:					
Type of document Proof of Ide					
	ntification (if secondaries	ry was needed)			
	\$8/adult \$4/				
Cash:	Receipt	t #:	(Receipt book in cash dra	wer.)	
Check:	(Make o	check payable to "Johns	on County Treasurer.")		
Did a County emp	loyee assist with lanç	guage interpretation?	YES NO		
IF YES, who/from	where:				
ID PRINTED	byStaff name	1	on Date	·	
	Staff name	BUSINESS INFOR	Date	·	
	Staff name BROCHURE, AND	•	Date RMATION MAILED		