

*****IF YOU ARE A LAKEWOOD RESIDENT AND QUALIFY FOR RESIDENT SPECIAL CREDIT, PLEASE HAVE THE LOWER PORTION OF THIS FORM VERIFIED AT THE CITY OF LAKEWOOD MUNICIPAL TAX OFFICE PRIOR TO FILING YOUR APPLICATION*****

**RELEASE OF INFORMATION FROM MUNICIPAL INCOME TAX FILES TO
VERIFY RESIDENCY FOR _____ CIVIL SERVICE EXAM
SPECIAL CREDIT**

SECTION 404 D OF THE LAKEWOOD CIVIL SERVICE COMMISSION RULES FOR SPECIAL CREDIT: "Applicants otherwise eligible and qualified for original appointment shall be extended an additional six (6) points if the applicant can satisfactorily furnish proof of residency within the City of Lakewood for twelve (12) months preceding the examination. The additional six (6) points shall be added to the individual's score."

Following to be completed in ink or typewritten.

APPLICANT'S NAME (PRINT)

SOCIAL SECURITY NUMBER

This is to verify my residency in the City of Lakewood, Ohio from _____ to _____. Further, this is to give permission to the City of Lakewood to obtain information from the Municipal Income Tax files to verify my residency in the City of Lakewood from _____ to _____. Verification of my residency for this time period will result in three extra points added to my exam score should I be eligible and qualified for the position of _____.

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENT IS TRUE, CORRECT AND COMPLETE. I FURTHER UNDERSTAND THAT ANY FALSIFICATION, OMISSION OR CONCEALMENT OF MATERIAL FACT MAY RESULT IN MY DISQUALIFICATION FROM EXAMINATION, REMOVAL OF MY NAME FROM CONSIDERATION FOR A POSITION, OR DISMISSAL IF APPOINTED AND THAT I SHALL NOT BE PERMITTED TO MAKE FUTURE APPLICATION FOR ANY POSITION IF I MAKE **ANY** WILLFUL FALSE STATEMENT.

DATE

ABOVE APPLICANT'S SIGNATURE

APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE!

FOR CITY OF LAKEWOOD'S DIVISION OF TAXES:
THIS IS TO VERIFY THE RESIDENCY OF THE ABOVE APPLICANT DURING
THE TIME PERIOD INDICATED.

NAME & TITLE _____

DATE

SIGNATURE OF ABOVE