



CITY OF HAMMOND
5925 Calumet Avenue • Hammond, Indiana • 46320

APPLICATION FOR CITY IDENTIFICATION CARD
Hammond Ordinance No. 9585

Fees	<p align="center">\$15.00 per card. Application and processing fees are <u>nonrefundable</u>. City ID's are valid for 2 years. If an identification card is lost, stolen, destroyed, expired, or applicant information has changed, the applicant must submit a new application and fee for a replacement card.</p>
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Please print. Must be legible and completed in English.

Applicant Information	<p>First Name: _____ Middle Name/Initial: _____</p> <p>Last Name: _____ Suffix (Jr., Sr., III): _____</p> <p>Date of Birth (MM/DD/YY): _____</p> <p>Address: _____</p>
Allergies/Medical	<p>Would you like your allergies and/or medical conditions listed on your card?</p> <p><input type="checkbox"/> No. Do not complete this section.</p> <p><input type="checkbox"/> Yes. Please provide the following optional information as you would like it to appear on the card:</p> <p>Allergies: _____</p> <p>Medical Conditions: _____</p>
FAQs	<p>The City will keep information provided with this application confidential to the extent permitted by law, but the City cannot guarantee privacy in all circumstances. Such information may be subject to release if compelled by a court of competent jurisdiction or otherwise required by law.</p> <p>If the applicant moves his/her residence outside the City of Hammond, the ID card will no longer be valid. Although private businesses and entities may choose to accept the City ID Card, they are not required to do so.</p>
Certification	<p>I certify under penalty of perjury that I am a resident of the City of Hammond, Indiana, meet the requirements for a City ID, and identity, residency documents, and all statements made on this application are true and correct to the best of my knowledge and belief.</p> <p>I understand if I move my residence outside the City of Hammond, Indiana, the ID card will no longer be valid. If I applied for and received a City ID card before, I certify that the original card was expired, lost, stolen, destroyed, or my information has changed.</p> <p>False statements shall be punishable to the extent of the law.</p> <p align="center">_____</p> <p align="center">Applicant's Signature _____ Date</p>

FOR OFFICE USE ONLY

Law Department Review	Place approval stamp here:
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