

AFFIDAVIT II - PROPERTY OWNER

This form must be completed if the custodial parent/guardian is living in a home owned by a Sycamore resident and the custodial parent/guardian does not have a lease or mortgage in their own name. This form must be completed by the Sycamore resident who owns the home, signed, and notarized.

Please contact Central Registration at 686-1700 with questions.

I,		, being	duly cautioned, certify the follo
1.	I am the owner of the residence at		
	, Ohio, 45	, located in S	ycamore Community Schools.
	(City)	(Zip Code)	, "
	Home Phone:	Work/Cell	:
2.	The following individual(s)		
	(Name of Parent/Guardian)		
	(Name/Names of Students)		
	is/are living at my above-stated residence and have since		
			(Date)
lsified hich n offer p	ent in Sycamore Community Schools is a theft I become responsible for tuition to Sycamore hay be filed by Sycamore Community Schools broof of residency by copy of one of the follow real estate tax bill, or land contract.	Community Schools and sults. (ORC Section 2921.13) ving: current mortgage statem	oject to criminal or civil charges (initials)
I char y chile	nge my present address to another address with d(ren)'s school and provide required residency	nin Sycamore Community Sc documents(ini	hools, I will <u>immediately</u> notify tials)
nitials)	I have read and understand the cons	sequences of falsifying re	sidency information.
O BE	COMPLETED BY NOTARY (This af	ffidavit is valid from this d	ate until next August 1)
roperty	Owner Signature		Date
otarize	ed this Day of	, 20	SEAL
otary s	Signature		
Iv Con	nmission Expiration Date		
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