



St. Johns County Schools Residency

HOMEOWNER'S ACKNOWLEDGEMENT

Valid for Current School Year Only

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

I _____ acknowledge that the following residents:
(Homeowner)

_____, _____, _____,
_____, _____, _____,

Reside at:

(Address)

(Print Homeowner's name)

(Homeowner's signature)

Owner's Contact Information:

(Address)

(Phone number)

STATE OF _____ / COUNTY OF _____

SUBSCRIBED and SWORN before me on this day of _____, 20_____,

By _____, who () is personally known to me or () has produced a Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of _____ at Large

My Commission Number is _____

My Commission expires _____

