



**CITY OF SHOREWOOD**  
 5755 COUNTRY CLUB ROAD  
 SHOREWOOD, MINNESOTA 55331  
 (952) 960-7900

# AMENDMENT TO REGISTRATION AS A DOMESTIC PARTNERSHIP

*City Code Chapter 110*  
*\$25 Amendment Fee payable to City of Shorewood*

*Office Use Only*

Date Received: \_\_\_\_\_

Date Effective: \_\_\_\_\_

Receipt No. \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPLICANT INFORMATION

\_\_\_\_\_  
 PRINT FIRST, MI, LAST NAME

\_\_\_\_\_  
 PRINT FIRST, MI, LAST NAME

\_\_\_\_\_  
 PRINT ADDRESS OF RESIDENCE IN SHOREWOOD, MN

\_\_\_\_\_  
 ZIP CODE

Telephone Number \_\_\_\_\_

Reason for Amendment of Registration: \_\_\_\_\_

I hereby certify all the information given is complete and accurate.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Applicant's Signature

*The Information collected on this document is public and will be available to whoever requests this data pursuant to the Minnesota Data Practices Act.*

**STATE OF MINNESOTA**  
**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_ and \_\_\_\_\_  
 Applicant Name Applicant Name

\_\_\_\_\_  
 Notary Public  
 My Commission Expires on \_\_\_\_\_

*(Notary Stamp)*