



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

APPLICATION FOR REGISTRATION AS A DOMESTIC PARTNERSHIP

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

Office Use Only

Registration No: _____

Date Effective: _____

Receipt No. _____

Applications will be processed within five business days of date received.

We hereby apply to register as Domestic Partners on this Date: _____

Each applicant initial:

_____ I have read and understand the terms and conditions of Chapter 110 of the Shorewood City Code attached to this application.

_____ I affirm that we meet the definition of Domestic Partner and are eligible for registration.

APPLICANT INFORMATION

 PRINT FIRST, MI, LAST NAME

 PRINT FIRST, MI, LAST NAME

 SIGNATURE

 SIGNATURE

 PRINT ADDRESS OF RESIDENCE IN SHOREWOOD, MN

 ZIP CODE

Upon approval, one certificate will be issued to each applicant; additional certificates are available for \$2 each

We request _____ additional certificate(s) at a cost of \$2.00 each (*applicant must add additional fee to payment*)

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)