## MODOC COUNTY ID CARD REQUEST FORM

Date:	Department:						
New Card	Replacement						
Replacement Reason:	Lost ent Reason: Damaged Change in Status				Stolen Worn Out Expired		
Full Legal Name:				DOB:			
Aliases used, or Maiden Name if married			Employee ID#				
Driver's License #:	State:	Hgt	Wgt	Hair	Eyes		
Residence Address	City		State	Zip			
Residence Phone#							
Name to Appear on Card:			Title to appear on card:				
Type of Card:	Standard	Proximity		Mag Stripe			
Card Layout:	Std. County	Othe	er				
Applicant Signature:							
Authorizing Signature	APPLICANT MUST	SIGN IN BLACK I	NK, STAYING V	WITHIN BOX			

This completed form should be brought to the Sheriff's Office by the applicant. You must have a driver's license or other photo ID with you. The sheriff's office is open 24 hours per day, and no

PDF processed with CutePDF evaluation edition www.CutePDF.com