

**RESIDENT INFORMATION SHEET**

Please complete and return to:  
Town of Beverly Shores  
P.O. Box 38  
Beverly Shores, IN 46301  
ClerkTreasurer@TownofBeverlyShores.IN.gov  
Phone 219-728-6531

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

Name (s): \_\_\_\_\_

Residence: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Beverly Shores House Number and Street: \_\_\_\_\_ P.O. Box # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Mailing Address (if different from above):

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

Names(s) and Relationship(s): \_\_\_\_\_

Senior Citizens (65+): Yes: \_\_\_\_\_ No: \_\_\_\_\_ Name(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any pets in the household: Yes: \_\_\_\_\_ No: \_\_\_\_\_ How many: \_\_\_\_\_

Please list: Type (cat/dog, etc.) Name/Breed/Color: \_\_\_\_\_

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**Full Time Residents Only**

Number of school age children (K-12) in household: \_\_\_\_\_

<u>Name</u>	<u>Date of Birth</u>	<u>School Attended</u>
_____	_____	_____

Is there any additional information about your household or property that you feel is important to the Beverly Shores Police Department? If yes, please explain: \_\_\_\_\_

Office Use Only: Date Entered into System: \_\_\_\_\_