

**WASHTENAW COUNTY EMERGENCY MANAGEMENT DIVISION  
IDENTIFICATION CARD REQUEST FORM**

All fields are required, and all information is kept confidential. Your signature authorizes a background check, which is mandatory. If you have any questions, please call (734) 973-4900.

FULL NAME: \_\_\_\_\_  
(**PRINT** first, middle and last name)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

AMATEUR RADIO CALL SIGN (If appropriate): \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

PHONE NUMBERS: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Address Box/Apartment Number  
\_\_\_\_\_  
City State Zip Code

E-MAIL ADDRESS: \_\_\_\_\_

SERVICE (Name of the organization you represent): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

A photo is required which will be taken at our office to be placed on your ID card.