# WASHTENAW COUNTY SHERIFF'S OFFICE
# EMERGENCY SERVICES 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): _____R.A.C.E.S._____

SIGNATURE: _____

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