



# St. Johns County Schools

## Residency

### HOMEOWNER'S ACKNOWLEDGEMENT

Valid for Current School Year Only

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

I \_\_\_\_\_ acknowledge that \_\_\_\_\_  
(Owner) (Additional residents)

Reside at

\_\_\_\_\_

\_\_\_\_\_  
(Print Homeowner's name)

\_\_\_\_\_  
(Homeowner's signature)

Owner's Contact Information:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone number)

This lease is:

- annual  
 month to month

STATE OF \_\_\_\_\_/COUNTY OF \_\_\_\_\_

SUBSCRIBED and SWORN before me on this day of \_\_\_\_\_, 20\_\_\_\_\_,

By \_\_\_\_\_, who ( ) is personally known to me or ( ) has produced a Florida Driver's License.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name of Notary typed, printed or stamped

Notary Public, State of \_\_\_\_\_ at Large

My Commission Number is \_\_\_\_\_

My Commission expires \_\_\_\_\_