GENERAL SOLICITOR APPLICATION PARENTAL CONSENT FORM

MINOR INFORMATION

| Minor Name: | | | | |
|---------------------|---|--------------------------|--------------------|-------------|
| | Last, | First, | Middle | |
| Address: | | City: | State: | Zip: |
| Phone: | Date of Birth: | DL or ID # State Issued: | | d: |
| | | | | |
| Ι | (Print Name) | , the parent | /legal guardian fo | r the above |
| | | | | |
| mentioned child do | release the above information | on to the City and autho | rize the City to | |
| photograph my chi | ld. | | | |
| | | | | |
| | | | | |
| Parent/Legal Guard | lian Signature | | Date | |
| - mens zegar evan | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 2 | |
| | | | | |
| State of | | | | |
| County of | | | | |
| On this day | v of, 2 | 00, before me, the un | dersigned notary | public, |
| personally appeared | d | | , known to me | e to be the |
| | | | | |
| person(s) whose na | mme(s) is/are subscribed to th | e within instrument and | acknowledged th | at |
| he/she/they execute | ed the same for the purposes | therein contained. | | |
| | | | | |
| | | | | |

Notary Public

(seal)

My Commission Expires: