
(Date)

Dr. Theron Schutte, Superintendent
Bettendorf Community Schools
P.O. Box 1150
Bettendorf, IA 52722

I, _____, legal resident of
(Name of owner or renter)

(Address)

certify that as of _____, the following persons reside
(Date)

with me in my home: _____
(First & last names)

_____.

Reason and expected length of stay: _____

Sincerely,

(Signature)

Notarized by:

Signature of Notary

Notary Seal