MILWAUKEE COUNTY SHERIFF'S OFFICE

Sheriff
David A. Clarke Jr.

LAW ENFORCEMENT SAFETY ACT
RESIDENCY REQUIREMENT COMPLIANCE CERTIFICATION

COMPLIANCE CERTIFICATION	
Full Name:	
My primary residence* is located at:	
Street Address:	
City / State / Zip Code:	
Home Telephone No.:	
Please sign the following statement	
I CERTIFY THAT I AM A RESIDENT OF THE STATE OF WISCONSIN	
Signature: **Date:**	

***Residency is defined as where you actually live.**