



MILWAUKEE COUNTY SHERIFF'S OFFICE

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.