

**OFFICE HOURS MONDAY – FRIDAY
FROM 8:30AM TO 3:30PM**

**AFFIDAVIT OF REISSUANCE OF IDENTIFICATION
CARD**

File No. _____

As a consideration for the reissuance of the new Resident Identification Card, I agree to hold the Golden Rain Foundation of Walnut Creek and my Mutual Association harmless from any and all claims in connection with the reissued card.

Please be prepared to show staff a photo-ID; i.e., State issued driver's license, State issued identification card.

PRINT YOUR NAME _____

Sign Your Name _____

Address _____

Manor # _____

Telephone
Number _____