

**OFFICE HOURS MONDAY – SATURDAY
FROM 8:00AM TO 4:00PM**

**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 Rossmoor 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 _____