

WAUKEE COMMUNITY SCHOOL DISTRICT

CENTRAL REGISTRATION OFFICE

560 SE University Avenue • Waukee, Iowa 50263-8171

Phone: (515) 987-2706 • Fax: (515) 987-2701

Date Lease Begins: _____

Re: Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

Student name: _____ Grade: _____

This is to verify that _____
(Tenant's name)

is a month-to-month tenant residing at the following location:

Tenants' Signature: _____ Date _____

Landlord's Signature: _____ Date _____

Landlord Name: _____

Landlord's Street: _____

Landlord's City _____ State _____ Zip _____

Landlord's Phone number: (_____) _____

Sworn to before me this _____ day

of _____ 20____

State of :

County of:

NOTARY PUBLIC