



# Granby Police and Fire Department

## Shop with a Hero

### Application

(Office Use) Applicant #: \_\_\_\_\_

#### Adults Living In Household:

Name:	Date of Birth (MM/DD/YY):	Drivers' License #:	Sex (M or F):
Address:	City / State:	Phone Number:	

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Address:	City / State:	Phone Number:	

#### Identify Participating Child(s):

Name:	Age:	Address if Not w/Applicant:	Relationship:
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If you are listing children that are not biologically yours then documentation showing custody and support must be provided.

