

ANGELO IAFALLO  
DIRECTOR



CITY OF LACKAWANNA  
DEPARTMENT OF PARKS  
AND RECREATION

## IDENTIFICATION

NAME \_\_\_\_\_  
(last) (first) (middle)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK # \_\_\_\_\_

Do not write below

-----OFFICE USE-----

PROOF OF RESIDENCY \_\_\_\_\_  
(residents only)

FEE: \$3.00 RESIDENT \$4.00 NON-RESIDENT

DATE ISSUED \_\_\_\_\_ 20 \_\_\_\_\_ NEW

ID CARD NUMBER \_\_\_\_\_ RENEWAL