

## Broward County Film Commission Incentive Program DECLARATION OF RESIDENCY

Project Number: \_\_\_\_\_

Title: \_\_\_\_\_

RESIDENT INFORMATION	
LAST NAME	FIRST NAME
PERMANENT RESIDENCE – PHYSICAL ADDRESS	
CITY, STATE AND ZIP CODE	HOME TELEPHONE NUMBER
PRODUCTION COMPANY	

PROOF OF RESIDENCY	
Is employee presently a resident of Broward County?	<input type="checkbox"/> Yes <input type="checkbox"/> No    (see residency below)
Is employee presently a resident of Palm Beach County?	<input type="checkbox"/> Yes <input type="checkbox"/> No    (see residency below)
Is employee presently a resident of Miami-Dade County?	<input type="checkbox"/> Yes <input type="checkbox"/> No    (see residency below)
If NO to all, please specify where employee resides, here: _____	
The production company <u>must</u> provide TWO of the following, and attach to this document. A <u>copy</u> of the individual's current driver's license must be attached to this Residency Form.	
<input type="checkbox"/> A copy of employee's valid driver license. Driver license number # _____	Expiration Date: _____
<input type="checkbox"/> 2 <sup>nd</sup> proof of residential address. Find a complete list of acceptable proof of residential address at <a href="http://www.flhsmv.gov/ddl/address.html">http://www.flhsmv.gov/ddl/address.html</a>	
Police Officers who are unable to provide a driver license must provide the following two items: Precinct # _____ Badge # _____	

**Residency: To be a resident of Broward / Palm Beach / Miami-Dade County you must be domiciled in Broward / Palm Beach / Miami-Dade County. Your domicile is your permanent home; it is the place to which you intent to return after any temporary absence. You can have only one domicile. A change of domicile is established only by establishing a physical presence in a new location with intent to abandon your old domicile and make a home in the new location permanently or indefinitely.**

DECLARATION	
I declare under penalty of perjury that I have examined this document and to the best of my knowledge and belief it is true, correct and complete.	
Signature (Employee)	Date:
Signature (Producer, Production Manager or Production Coordinator)	Date:
Print Name (Producer, Production Manager or Production Coordinator)	

DECLARATION OF BROWARD COUNTY / PALM BEACH COUNTY / MIAMI-DADE COUNTY RESIDENCY