

MASON-DIXON CLAY BUSTERS, INC.  
VOLUNTEER CLEARANCE PROCEDURES - Pg. 3

ATTACHMENT 2

PENNSYLVANIA RESIDENT VERIFICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street Address	City, State, & Zip	Dates lived here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_