

Proof of Non-Residency

Date:

To Whom It May Concern,

This is to certify that the individual named below is not a resident of the following address:

Full Name:

Address:

Period:

Based on our records, the above-named individual has not been a resident at the above address during the period stated.

Issued by:

Name:

Title/Position:

Organization:

Signature: _____

Date: