



**THE CITY OF KENT and THE KENT POLICE DEPARTMENT
Party Registration Form**

Applicants must submit this completed form along with photo identification to the Kent Police Department by noon at least two days prior to the party.

Address of Party: _____

Date of Party: _____ Time Range of Party: _____ to _____

Resident/Host Contact Name: _____
Phone Number to Call: _____
Resident Contact Email: _____

Second Resident/Host Name: _____
Phone Number to Call: _____
Second Contact Email: _____

I CERTIFY THAT I AM THE RESIDENT OF THE ABOVE ADDRESS AND I WILL REMAIN ON THE PROPERTY DURING THE LISTED TIME RANGE. I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE PARTY REGISTRATION PROGRAM.

Signature of Registrant

Date

OFFICIAL USE ONLY: Case Number _____ Date/Time Received _____