

Certificate of occasional residence based on the use of services

Elector

Given name and surname

Organization

Organization's name

Contact person's name

Address

Apartment

City or town

Postal code

Telephone

Email

Signature and declaration

I, _____ the undersigned, in my capacity as a contact person
Given name and surname

for an organization working with the homeless population, certify that the elector named above occasionally uses the services offered by our organization.

City or town

Date

Contact person's signature