

**KEOKUK COMMUNITY SCHOOL DISTRICT**

CENTRAL OFFICE

500 N 20th St., Keokuk, Iowa 52732

Phone: (319) 524-1402 \* Fax: (319) 524-1114

**Form: RES-1**

Date Lease Begins:

RE: 1st Student Name \_\_\_\_\_ Grade: \_\_\_\_\_

2nd Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3rd Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4th Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

This is to verify that (Tenant's Printed Name) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

is leasing/renting the property for residential purposes located at:

\_\_\_\_\_  
\_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Printed Name: \_\_\_\_\_

Landlord's Street Address: \_\_\_\_\_

Landlord's City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public:

State of:

County of: