



APPLICATION FOR THE CITY OF CHICAGO MUNICIPAL ID PROGRAM

CityKey

Application Typ	201				
☐ New Applican			(CityKey ID Numl	ber:)	
Documents: List the documents y or a CityKey Delegat		g, but leave point	value blank. The	point values will be filled out by the Office of the	City Clerk
Proof of Identit	y Documents	5	Points	Proof of Residency Documents	
submit a court order initials of your first a First Name Middle Initial/Name Last Name Address:	indicating the nand middle name.	ame change. If you s and full last nam	u are currently us e, i.e. John Smith		
Address: Street Nan		st be the same as t	the address on ye	our Proof of Residency documents. ZIP Code	
Address. Street Nati	le/Offit #			Zir Code	
	will not accept the City Code below is a	ne CityKey as prod Y Key Program w i completely options	f of residency wi th your ZIP Co al, and it will only	thout an address.	Program.
Date of Birth:	Month	Day Ye	ear Ger	nder: $\square M$ (male) $\square F$ (female) $\square NB$ (non bin	nary)
				☐No gender marker on the CityKey	
Public Library card	a Chicago Public during the CityKe cago Public Libr	c Library card and by printing process	. If you do not ha	e integrated into your CityKey, you must present y ve your card, a new number will be provided and xisting account, a new Chicago Public Library Ca	l you can sync the

For Official Use Only: Pre-Scrn: _____ Authn: ____ Delegate Agency: □CC □PFS □CCLC_



the Municipal Code of Chicago.



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Veteran Designation:
In order to receive the veteran designation, approved documents must be presented. Refer to the "Veteran Designation Guide" for assistance—
Yes Document:
Medical Information and Allergies: Optional Due to limited space on the CityKey, we may not be able to include more than two (2) medical conditions or allergies on the CityKey.
Medical Conditions: Please check those that apply
□High Blood Pressure (HBP) □High Cholesterol □Diabetes □Arthritis □Asthma □COPD □Heart Disease □Strok
□Chronic Kidney Disease □Alzheimer's □Dementia □Autism □Hearing Impaired □Vision Impaired
□Other:
Allowsian
Allergies: Examples: Penicillin, aspirin, ibuprofen, peanut, soy, shellfish
Examples. Penicinin, aspirin, ibaproferi, peanut, soy, srieniisti
Emergency Contact: Optional
Name
Phone Number
Intent to Donate Organs: Optional (only for Applicants 16 and older) Would you like to list your intent to be an organ donor on the card? Checking yes will not automatically link your information with the First Person Authorization (FPA) Registry; it will only afford you the ability to express your desire to be a donor. Yes No
Prescription Drug Discount for City of Chicago Employees: Are you a City of Chicago employee (or their dependent) or retiree enrolled in the City of Chicago Prescription Drug Program? If so, you must only use the prescription drug discount program provided to you by the City of Chicago, and you agree that you will not use the prescription drug discount on the back of your CityKey.
□Please check the box to acknowledge that you have read and understood this statement.
Signature:
I certify under penalty of perjury that I am a resident of the City of Chicago and that all statements set forth on this CityKey application are trained correct to the best of my knowledge and belief. I further certify that if I previously applied for and received a CityKey, that the original ca

To learn more about what the CityKey can and cannot be used for, please refer to our One Pager that is available at Mobile Printing Sites, City Hall or online at www.chicityclerk.com/chicagocitykey.

was lost, stolen, or has since expired. I acknowledge that persons who make material false statements may be fined not less than \$500, and not more than \$1,000, plus three times the City's damages, litigation costs, collection costs, and attorney's fees pursuant to Section 1-21-010 of