

Family Last Name _____


Did you shop here last year? yes no

Phone _____

Account Number _____

Account Date _____

Address/City/Zip _____

NAME		SEX	AGE	BIRTH DATE	
First Name	Last Name				
Shopper (you):					 <input type="checkbox"/> SnoCo Address <input type="checkbox"/> Shopper ID <input type="checkbox"/> Spouse ID <input type="checkbox"/> Income <input type="checkbox"/> Children <input type="checkbox"/> Accept <input type="checkbox"/> Deny (ck reason below)
Spouse/partner:					
Children:					

No Children Duplicate Shopper Inc. too High Insufficient Info Not Guardian Not SnoCo Resident (2021)