

RESIDENT APPLICATION — WALKER BEACH

Office Use Only
____ Car Registration
____ Proof Residency
____ Cash or Check

_____ PERMIT No.

_____ CAR

_____ WALK-IN

_____ SEASON

****MEMORIAL DAY THROUGH LABOR DAY****

NAME _____

ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

List Children permanently residing at this address:

NAME	AGE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Children under the age of 12 must be accompanied an adult.
4 children per adult.

***WALK-IN and/or AUTOMOBILE FEE \$30** (2nd Car No Fee) ***SENIOR CITIZEN FEE \$15** (must be 65 – ID required)

1) PLATE# _____ YR _____ MAKE _____

2) PLATE# _____ YR _____ MAKE _____

“I have read the Rules & Regulations and as a condition of obtaining a permit, accept the responsibility for the actions of my children and guests and will comply with these rules”.

SIGNATURE _____

***Mail this Form with a check Payable to: Village of Brightwaters, 40 Seneca Drive, Brightwaters, NY 11718.**

Enclose copies of car registration.