TOWN OF NEVERSINK TOWN POOL
2016 SEASON PERMIT APPLICATION

DENNING

NAME(s)

Last	First	Age	Tag #

PARENTS NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

PHONE ( ) _____ EMERGENCY PHONE ( ) _____

RESIDENCY INFORMATION

OWNER: LOCATION _____
TAX MAP # _____

RENTER: LANDLORD _____
ADDRESS/LOCATION _____
_____
PROOF (Rent Receipt, etc.) _____

Note: Please inquire with reference to:
Temporary full time resident guest tags
(Some restrictions apply and an affidavit of resident host required)

Free passes for non-swimming parent accompanying non-swimming child. (Available for kiddy pool only)

I (we) acknowledge that I (we) have received and read a copy of the "Town of Neversink Pool Rules and Regulations". I (we) understand these regulations and agree to abide by them, with the knowledge that non-conformance with them could result in a voided pool pass and revocation of my (our) pool privileges.

_____
SIGNATURE

NOTE: DENNING RESIDENTS MUST SUBMIT A LETTER FROM DENNING TOWN CLERK JOY MONFORTE AS THEIR PROOF OF RESIDENCY WITH THIS FORM.