

SMITH'S CLOVE PARK PHOTO I.D. CARD APPLICATION & Renewal

Proof of Residency Required

Driver License is not proof of residency

For Office Use Only:			
ID#	_____		
	Residency		
V/M Sec: 2	Lot	Blk	_____
U/T Sec: ___	Lot	Blk	_____
Own	Rent	Board	_____
Original Card	_____		
Duplicate Card	Lost	Destroyed	_____

Instructions: (please print)

Please Read: For applicants **over 18 yrs** old, please complete sections (1), (3), (4).
For applicants **14 to 18 yrs** old, please complete sections (1), (2), (3), and (4)
and this form must be signed by both; applicant and parent/guardian.
For **Renewal**, please complete section (1) and (4)

1. **Last Name:** _____ **First:** _____ **MI:** ___ **Age** _____
Address (residency): _____ Monroe/Harriman, N.Y. 10950/10926
Phone: (____) _____ - _____ **Cell** (____) _____ - _____
Dependent Children under 14 (optional)
Name _____ age _____ m/f _____ Name _____ age _____ m/f _____
Name _____ age _____ m/f _____ Name _____ age _____ m/f _____
Name _____ age _____ m/f _____ Name _____ age _____ m/f _____

2. **Name Father's/Guardian's** _____ **Work #:** (____) _____ - _____ **Ext.** _____
Name Mother's/Guardian's _____ **Work #:** (____) _____ - _____ **Ext.** _____
Emergency Phone: (____) _____ - _____ **Ext.** _____ **Name** _____ **Relationship** _____

3. **I'm applying for an ID to: (OPTIONAL) Please check all that apply.** Attend Community Event

- Rent Pavilion Watch Sport Events Play a Sport: specify _____
 Use Playground Use Picnic Area Use Woods/Trail Attend Classes with Child
 For My Child to Attend: specify _____ personal Use

e-mail _____ **@** _____ **Do you**
object to being notified of special classes or events via e-mail? **Yes** ___ **No** ___

4. **This information is true to the best of my knowledge; I have received a copy of "Photo ID Park Policies" and agree to accept the terms and policies as set forth.**

Use of this card by anyone other than the applicant is a violation of Park Policy

_____ **Date** _____
Applicant (under 18, this form must also be signed by a parent or guardian)

_____ **Date** _____

Parent or Guardian (must accompany minor) by signing this document, I certify that the minor applicant resides at the above referenced address

For Office Use Only:	
Date ___/___/2021	
Initial _____	
Delivered:	
____ In person	
____ Mailed _____	