



TOWN POOL
SEASONAL PERMIT APPLICATION
NEVERSINK

NAME(s)

Last

First

Age

Tag #

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SELF/PARENT'S NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

PHONE (____) _____ EMERGENCY PHONE (____) _____

Email _____

RESIDENCY INFORMATION

OWNER: LOCATION _____

RENTER: LANDLORD _____

ADDRESS/LOCATION _____

PROOF (Rent Receipts, 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
kiddie 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