INCORPORATED VILLAGE OF BAYVILLE

34 School Street, Bayville, New York 11709 PH: 516-628-1439/ FAX: 516-628-3740

GUEST PARKING PASS REQUEST APPLICATION

Guidelines for submission of application are as follows:

- 1. Complete Application do not leave any blanks.
- 2. Read thoroughly, sign and date.

Approved by_

3. You will be contacted with any questions -- or when your passes will be available for pick-up.

Today's Date:				
Resident Name:		Phone:		
Resident Address:				
Date & Time Requested:				
Location Requested:				
Guest Name:				
Guest Vehicle: Make:	Model:	Yr:	Color	Plate #
Use this space below for addit	ional guests if necessary:			
Guest Name:				
Guest Vehicle: Make:	Model:	Yr:	Color	Plate #
Guest Name:				
Guest Vehicle: Make:	Model:	Yr:	Color	Plate #
Guest Name:				
Guest Vehicle: Make:	Model:	Yr:	Color	Plate #
boundaries guarantees observa Bayville, and states that the ro Board, employees and volunte	ance of all regulations govesident and guests agrees ers against any and all clabe occasioned by, or arishereby disclaims any and	erning the use of faci to indemnify and he aims for damages or e from the use of su	lities and parking within old harmless the Inc. \ injury, for any lost, stouch facilities and parking damage that may be	s facilities and parking within Village of the boundaries of the Inc. Village of Village of Bayville and the Municipa olen or otherwise damaged items, to ng within the boundaries of the Inc. e occasioned by such use.

Date _____