



Lake Superior Season Pass Application

SULLIVAN COUNTY PARKS & RECREATION
100 NORTH STREET / PO BOX 5012
MONTICELLO, NY 12701
PHONE: 845-807-0287 FAX: 845 807-0526

OFFICE USE*	
AMT:	_____
CH #	_____
CASH:	____ Yes ____ No
CREDIT CARD:	____ Yes ____ No
RECEIPT #	_____
Pass #'s:	____, _____, _____ ____, _____, _____

Season Passes are available for Sullivan County Residents and are issued per individual.

Each Season Pass is \$15.00 pp (Age 2 and under FREE)

(Please make check out to: Sullivan County Treasurer)

NEW APPLICANT INFORMATION *New applicants shall apply in person with proof of Sullivan County Residency or Property Ownership and Proof of Identity for all applicants at the Sullivan County Parks, Recreation & Beautification Office, 100 North St., Monticello, NY (Mon – Fri 8 am – 4 pm).

- **Proof of Sullivan County Residency**
 (Driver's License, Residential Lease, Property Tax Bill, Voter Registration Card...)
 or
- **Proof of Sullivan County Property Ownership**
 (Property Tax Bill)
- **Proof of Identity**
 (Birth Certificate, Passport, NYS photo, ...)

RENEWAL APPLICATION INFORMATION:

Please complete the Season Pass Application and return with payment, by mail, to the Sullivan County Parks, Recreation, & Beautification office at the address below. Park staff will verify your previous Season Pass(es) and issue current Season Pass(es). Once your Season Pass number has been assigned the pass will be available for pick up at the Entry Booth at Lake Superior State Park during normal beach operating hours.

Applicant Name:	_____		
Street Address: (No PO Box)	_____		
City:	_____		
State:	NY	Zip Code:	_____
Home Phone:	_____		

Mailing Address:

Address:	_____		
City:	_____		
State:	NY	Zip Code:	_____

Pass Information	Available for "Immediate Family Members Only" residing at above physical address. Include Applicant Name below.	Office Use: Pass #
Name(s): Pass 1		
Pass 2		
Pass 3		
Pass 4		
Pass 5		
Pass 6		

Applicant Signature **Print Name** **Date**

New Applicants:

Please complete if there is a child(ren) in your household.

Statement of Identity and/or Residence by Parent/Guardian

I, _____, certify as the parent/legal guardian of _____,

(Name of Parent/Guardian) (Name of Child)

_____, _____, _____,

(Name of Child) (Name of Child) (Name of Child)

who resides at _____ that this/these name(s) is/are the name by

(Address)

which (s)he is commonly known and that (s)he resides at the address above. I understand that any false statement I have made on this certification could lead to criminal charges being filed against me.

Parent/Guardian Signature **Print Name**

Office Use <u>Proof of Identity Presented by Parent/Guardian</u>
Birth Certificate: _____ Passport: _____ NYS photo: _____ Other: _____

Office Use <u>Proof of Residency</u>
Driver's License: _____ Lease: _____ Tax Bill: _____ Voter Registration Card: _____ Other: _____