

Sullivan County Parks, Recreation & Beautific

	Sullivan County	*OFFICE USE*	
Sullivan	Parks, Recreation & Beautification	AMT:	
COUNTY CATSKILLS Mountains of Opportunities	Discover Explore Connect Play	Cash Check Card	
		CH #	
Lake Super	ior Season Pass Application	RECEIPT #	
SULL	IVAN COUNTY PARKS & RECREATION	Pass #'s: , ,	
	100 NORTH STREET / PO BOX 5012 MONTICELLO, NY 12701	,,,	
PHONE: 845-807-0287	FAX: 845 807-0526 EMAIL: SCPARKS@SULLIVANNY.GOV		

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

Each Season Pass is \$15.00 per person (Age 2 and under FREE) (Please make checks payable to: Sullivan County Treasurer)

Season passes are available at Lake Superior State Park during Beach Operating Hours and the Parks & Recreation Department in the Monticello Government Center.

NEW APPLICANT INFORMATION: Must show proof of Sullivan County Residency or Property Ownership and Proof of Identity for all applicants

- **Proof of Sullivan County Residency** (Driver's License, Residential Lease, Property Tax Bill, Voter Registration Card...)
- **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 to the Sullivan County Parks, Recreation, & Beautification office at the address above or in person at Lake Superior State Park during Beach Operating Hours. Staff will verify your previous Season Pass(es) and issue current Season Pass(es).

Please write neatly					
Applicant Name:					
Street Address: (No PO Box)					
City:		State:	NY	Zip Code:	
Phone:		Email:			

Mailing Address (if different):

Address:		
City:		
State:	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

Date

New Applicants:

Please complete if there is a child(ren) in your household. <u>Statement of Identity and/or Residence by Parent/Guardian</u>

I,	, certify as the parent/legal	guardian of, (Name of Child)	
(Name of Child)	(Name of Child)	(Name of Child)	
who resides at	(Address)	that this/these name(s) is/are the name by	
		Idress above. I understand that any false ninal charges being filed against me.	
	Parent/Guardian Signa	ature	
Office U	se Proof of Identity Presented b	y Parent/Guardian	
Birth Certificate: Passport: NYS photo: Other			
Office U	se Proof of Residency		
Driver's License: Le	ease: Tax Bill: Voter Re	egistration Card: Other:	