VILLAGE OF SADDLE ROCK SWIMMING POOL AND PARK PERMIT APPLICATION

Date:	_			
I,				
Name of applic	eant	Address		
Herewith make application for	use of the facilities of the	e Villag	e Swimming Pool and Park Area during	
the 2021 season. Members of	my immediate family, inc	cluding	name of applicant, for whom I request a	
permit are the persons listed b	pelow who reside in the	Village	of Saddle Rock as provided by and in	
accordance with applicable Vil	lage Law.			
NAME	RELATIONSHIP		DATE OF BIRTH	
NAME			(CHILDREN ONLY)	
			<u> </u>	
SEASON GUEST	RELATIONSHIP		DATE OF BIRTH	
(List Separately Below)	AS PER SCHEDULE		(CHILDREN ONLY)	
		FEE		
			<u></u>	
I hereby certify that the above	-named persons are mem	bers of	my immediate family, residents in the	
Village of Saddle Rock, and	that all the information g	iven is o	correct. I understand that this permit is	
NON-TRANSFERABLE. I for	urther agree that all others	and I lis	sted above and our guest will abide by all	
rules and regulations and that	any violation thereof may	result in	n the suspension or revocation of any or	
all permits issued under this ap	plication in addition to oth	er reme	dies as provided by law.	
	•			
			Signature of Applicant	
E-Mail Address			Telephone Number	
		Guest	Pass #	
Date Approved:		receiv	red on	
		bree		
Village Clerk:		υy:	signature	