

TOWNSHIP OF LIVINGSTON

Department of Recreation
 204 Hillside Ave., Livingston, New Jersey 07039-3930
 (973) 535-7925

**Complete all pertinent information that will properly inform the Advisory Council.
 Insufficient information may result in denial of request.**

PRINT OR TYPE ALL INFORMATION:

TYPE OF REQUEST: Individual _____ Organization _____

GUEST INFORMATION:

FIRST NAME LAST NAME TELEPHONE NUMBER

STREET ADDRESS TOWN STATE ZIP CODE

Date of Birth: ____/____/____ Sex: M____F____ Does Applicant Drive? Yes____ No____
Mo. Date Year

Is applicant registered to attend public schools in Livingston? Yes____ No____

If applicant is under 21 - Name of parent/guardian

FIRST NAME LAST NAME

STREET ADDRESS TOWN STATE ZIP CODE

REASON FOR REQUEST: _____

Livingston Resident or Organization

FIRST NAME LAST NAME TELEPHONE NUMBER

STREET ADDRESS TOWN STATE ZIP CODE

Pool Member: Yes____ No____

I have reviewed the rules and regulations as stated on the attached sheet and agree to comply with same, should this request be approved.

Signature of applicant

FOR ADMINISTRATIVE USE ONLY

Received by: _____ Date _____ Approved _____ Disapproved _____

Remarks: _____

Chairman, Advisory Council

Director