

TOWNSHIP OF LIVINGSTON
 Department of Recreation and Parks
 204 Hillside Ave., Livingston, New Jersey 07039-3646
 (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