



Town of Riverhead Recreation Department
 55 Columbus Avenue, Riverhead, NY 11901
 Phone: 631-727-3200 ext. 737 or 205
 Website: www.riverheadrecreation.net

2022 Resident Beach Parking Mail-In Permit Application

<input type="checkbox"/> Riverhead Town Property Owners	<input type="checkbox"/> Year Round Renters
<ul style="list-style-type: none"> • Copy Of Valid Car Registration 	<ul style="list-style-type: none"> • Valid Car Registration (Copy)
<ul style="list-style-type: none"> • Current Property Tax Bill (Copy) <li style="text-align: center;">OR • Current Utility Bill (PSEG/Cable) (Copy) 	<ul style="list-style-type: none"> • Current Utility Bill (PSEG/Cable) (Copy)
<ul style="list-style-type: none"> • Check, Money Order, or Credit Card • <input type="checkbox"/> Resident \$20 • <input type="checkbox"/> Senior Residents \$5 (Age 60 & up- Copy of Driver's License required) 	<ul style="list-style-type: none"> • Check, Money Order, or Credit Card (No AmEx) • <input type="checkbox"/> Resident \$20 • <input type="checkbox"/> Senior Residents \$5 (Age 60 & up- Driver's License required)
<ul style="list-style-type: none"> • Self-addressed stamped envelope 	<ul style="list-style-type: none"> • Self-addressed stamped envelope

Please mail this application to The Town of Riverhead Recreation Department at 55 Columbus Avenue, Riverhead, NY 11901.

The application must be legible and you must include a self-addressed stamped envelope with this application so the permit can be mailed to you.

Name: _____ Phone: (____) _____ Email: _____

Payment Type: *All credit card transactions will be subject to the following additional fee: 2.38% + \$0.63.

Check # _____

*Credit Card (Mastercard/Visa/Discover) # _____ Expiration Date: _____ Zip Code: _____ Amount: \$ _____

The undersigned agrees and does hereby release from liability and to indemnify and hold harmless the Town of Riverhead and any of its employees. This release is for any and all liability for lost or stolen beach permits processed via mail services (USPS, Fed-Ex, UPS, etc.)

I have read the above statement governed by the Town of Riverhead and agree that by my signature, I, as well as any organization which I represent will abide by this.

Signature: (required for processing): _____ **Date:** _____

STAFF USE ONLY

Date Received: _____ Check # _____ Credit Card: _____ Amount: \$ _____
 Permit Type: _____ Permit # _____ Date Mailed _____ Staff initials: _____