



Melanie Cassens
Commissioner

Port Washington Water
Pollution Control District
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www.pwwpcd.us

Eddy Marinelli
Commissioner

Joe D'Alonzo
Commissioner

FIELD/FACILITY USE PERMIT APPLICATION

REQUESTING ORGANIZATION _____

APPLICANT'S NAME: _____ RESIDENT _____ NON-RESIDENT _____

ORGANIZATION'S OFFICIAL ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL: _____ E-MAIL _____

Do 70% of players/participants reside in the Town of Port Washington? YES _____ NO _____

Is this a Non-Profit Organization? YES _____ NO _____

Federal Tax ID # (required only if applying as a Non-Profit group): _____

Permission is requested to use (please check one):

___ Baseball ___ Softball ___ Football ___ Lacrosse ___ Soccer ___ Other _____

Location: _____ Field: _____

Date(s) Requested: _____

Days and Hours Requested (separate sheet may be used):

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday: _____

The APPLICANT understands and acknowledges that the information provided in the application is true and accurate, and that the Port Washington Water Pollution Control District is relying on these statements and representations as a basis for the issuance of a permit. Proof of Non-Profit Status is required to qualify for the Non-Profit fee schedule. The APPLICANT agrees to abide by the terms set forth in this application, and the Rules and Regulations of the PWWPCD. Additionally, the APPLICANT fully understands that their organization may not under any condition sublease, sell or assign this permit and that any unused field time and/or space must be given back to the PWWPCD. Any violation of the rules herein will result in the permit being revoked.

SIGNATURE: _____ DATE _____