



**Port Washington Water Pollution Control District
70 Harbor Road, Port Washington, NY 11050**

Website: www.pwwpcd.us Phone: 516-944-6100 E-mail: mail@pwwpcd.us
Commissioners: Melanie Cassens · Arduino Marinelli · Joseph D'Alonzo

FIELD/FACILITY USE PERMIT APPLICATION

REQUESTING ORGANIZATION _____

APPLICANT'S NAME: _____ TPW RESIDENT ___NON-RESIDENT

ORGANIZATION'S OFFICIAL ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL: _____ E-MAIL _____

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: _____

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 _____



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ACKNOWLEDGE PAGE

APPLICANT HAS READ AND UNDERSTANDS THE ABOVE INFORMATION AND WILL FOLLOW ALL RULES AND REGULATIONS OF THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT REGARDING FIELD AND FACILITY USE AND PERMITS. APPLICANT IS AWARE THAT NON-COMPLIANCE WITH THIS POLICY MAY RESULT IN NON-ISSUANCE OF A PERMIT OR REVOCATION OF A PERMIT.

NAME _____

DATE _____

SIGNATURE _____

ORGANIZATION _____