**2024 TOWN OF LANSING**

**APPLICATION FOR *KAYAK/CANOE SPACE* AT MYERS PARK**

This application must be filled out COMPLETELY and signed.

PLEASE PRINT:

\*\* **KAYAK/CANOE OWNER:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION:**

Make/Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Canoe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kayak \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length: \_\_\_\_\_\_\_\_\_\_\_\_

Width: \_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMIT PERIOD:**

**From:** 4/1/2024 **To:** 11/1/2024

**FEE:**

**$100/Resident\_\_\_\_\_\_\_\_\_ RACK SPACE # \_\_\_\_\_\_\_\_\_ Permit # (Office use only): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**$125/Non-Resident\_\_\_\_\_\_\_\_ RACK SPACE # \_\_\_\_\_\_\_\_\_ Permit # (Office use only): \_\_\_\_\_\_\_\_\_\_\_\_\_**

Check #\_\_\_\_\_\_\_\_\_\_\_\_ CC#, Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_

Please make checks payable to Lansing Parks and Recreation

Forms can be mailed to Lansing Parks and Recreation, 29 Auburn Rd., Lansing, NY 14882

***Securing and security of the boat is the responsibility of the boat owner. The Town of Lansing or employees of the Town of Lansing are NOT responsible for boat security against loss, theft or damage should any occur.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_