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Commissioner

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Deputy Commissioner

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THE JFK MEMORIAL WILDLIFE SANCTUARY NONRESIDENT APPLICATION

Please print clearly and return to the address on top or email to beaches@oysterbay-ny.gov

NAME _____

ADDRESS _____

TOWN _____ ZIP _____

PHONE# _____ EMAIL _____

VEHICLE INFORMATION:

PLATE # _____ MAKE _____

MODEL _____ YEAR _____

License and Vehicle registration required with \$50 fee to process application

SIGNATURE DATE

SPONSOR INFORMATION:

NAME _____

PHONE# _____ PASS # _____

SIGNATURE DATE

OFFICE USE ONLY

PERMIT ISSUED DATE ISSUED BY