

OWNER'S APPLICATION
FOR
RECREATION PRIVILEGES



Parks and Recreation Department
980 Incline Way
Incline Village, NV 89451
PH (775) 832-1310 FAX (775) 832-1380

- ✓ Recreation Photo ID's are issued to children six (6) years of age and older.
- ✓ Any person 18 years and older, who will be assigned a Recreation Photo ID, must present photo identification.
- ✓ Recreation Photo ID's are issued for no less than six (6) months or no more than five (5) years. IF NO EXPIRATION DATE IS SPECIFIED BELOW, THE MINIMUM TERM OF SIX MONTHS SHALL APPLY.

PLEASE ISSUE RECREATION PRIVILEGES TO THE PERSONS LISTED BELOW:

Name (Please Print Clearly): _____ Birth Date: ____/____/____

Permanent Mailing Address City State Zip Phone
Relationship to Owner: _____ PASS TO EXPIRE ON: ____/____/____

Name (Please Print Clearly): _____ Birth Date: ____/____/____

Permanent Mailing Address City State Zip Phone
Relationship to Owner: _____ PASS TO EXPIRE ON: ____/____/____

Name (Please Print Clearly): _____ Birth Date: ____/____/____

Permanent Mailing Address City State Zip Phone
Relationship to Owner: _____ PASS TO EXPIRE ON: ____/____/____

Name (Please Print Clearly): _____ Birth Date: ____/____/____

Permanent Mailing Address City State Zip Phone
Relationship to Owner: _____ PASS TO EXPIRE ON: ____/____/____

Name (Please Print Clearly): _____ Birth Date: ____/____/____

Permanent Mailing Address City State Zip Phone
Relationship to Owner: _____ PASS TO EXPIRE ON: ____/____/____

OWNER PLEASE FILL OUT THIS SECTION COMPLETELY

PARCEL OWNER NAME (PLEASE PRINT): _____ PARCEL NUMBER: _____
PARCEL LOCATION (PHYSICAL ADDRESS): _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ LOCAL PHONE (IF DIFFERENT): _____
EMAIL ADDRESS: _____
SPOUSE: _____
CO-OWNERS (IF APPLICABLE): _____

When there is an assignment of recreation privileges, the property owner and assignor shall be jointly and severally liable with assignee(s) respecting any sums of money assignee(s) owe the District related to the use of recreation facilities including the use of all District owned meeting facilities.

I HAVE RECEIVED, READ, AND UNDERSTAND ALL RULES AND REGULATIONS PERTAINING TO THE DISTRICT RECREATION PASS POLICY.

Signature of Owner _____ Date _____ Phone # _____