



2019 Beach Parking Pass Application

Date: _____

Name: Last: _____

First: _____

Old Lyme Address: _____

Please provide verification of residency - i.e., Utility bill for an OL address, vehicle registration showing OL address, tax bill for OL address or Driver's license with OL address. (Names must match)

Verification provided: _____

Mailing Address: _____

Email address: _____

I attest that I am a resident of Old Lyme (full time or seasonal – please circle):

Primary Residence
Residence

Secondary or
non-primary Residence

I acknowledge that Beach parking passes are available for **Old Lyme residents only** and **cannot be transferred** to a non-resident.

_____ initials

Fee: 1st pass: \$25.00 2nd pass: \$40.00

Limit 2 per family

I am entitled to the following discount:

_____ Senior fee, (62 and older):	1 st pass: \$20.00	2 nd pass: \$35.00
_____ Active Military:	1 st pass: \$20.00	2 nd pass: \$35.00

*Return this form with a check payable to **Town of Old Lyme** and we will mail your beach parking pass*