



**For internal use only:**

Authorization: \_\_\_\_\_ Permit # \_\_\_\_\_

Date: \_\_\_\_\_ Badge #: \_\_\_\_\_

**United Water New Jersey  
United Water New York  
2013 SEASON  
April 1 – November 30**

# Watershed Recreation Permit Application

**Please accept my application for a watershed recreation permit. I understand that I must:**

- 1) Abide by all state and federal fishing and game laws.
- 2) Abide by all company rules and regulations to protect the water supply. These rules and regulations are included in the handbook you will receive with your permit badge.
- 3) Display the badge at all times when I am on company property. I understand the badge is for my personal use only.
- 4) Be fully responsible for any damage to property belonging to the company or any third party resulting from or in connection with my participation in the watershed recreation program. I also assume all risks of loss and agree to completely release, hold harmless and indemnify the company and its employees from any and all claims, suits, damages, judgements or demands for property damage, personal injury or death arising out of an accident or injury to myself or others resulting from or in connection with any use made of the company's property pursuant to this permit.
- 5) Minors must be accompanied by an adult badge holder.
- 6) **Include a copy of a photo identification along with my application** (ex. driver's license).

**Applicant's name and address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone number:** \_\_\_\_\_

**In case of emergency, call:** \_\_\_\_\_

**Additional applicants:** (family members only)

Please list Names of all applicants:

•Seniors, Juniors and Children- also list ages

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Car 1 make/model:** \_\_\_\_\_

**Car 1 license plate#:** \_\_\_\_\_

**Car 2 make/model:** \_\_\_\_\_

**Car 2 license plate#:** \_\_\_\_\_

Type of permit	Quantity	Amount	Total
Adult (18-61)	_____ x	\$25 ea.	_____
Senior (62+)	_____ x	\$15 ea.	_____
Junior (6-17)	_____ x	\$15 ea.	_____
Guests (Maximum 4)	_____ x	\$25 ea.	_____
Children 5 and under	_____	FREE	_____
<b>Total amount enclosed</b>		<b>\$</b>	_____

**Will you be needing wheelchair access?**  Yes  No

**Applicant's Signature:**

\_\_\_\_\_

**\*\*\* Please include a copy of a photo ID \*\*\***

**Signature of Parent/Guardian if under 18:**

\_\_\_\_\_

**MAKE CHECKS PAYABLE TO:  
STARNET - NJ / NY**

**Send application along with a copy of a photo ID and payment to:**

**STARNET**  
Watershed Recreation Program  
P.O. Box 592  
Allendale, NJ 07401