



CITY OF BAYONNE

Department of Municipal Services

Division of Recreation



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James Davis
MAYOR

Robert Wondolowski
DIRECTOR OF MUNICIPAL SERVICES

CITY OF BAYONNE RESIDENT I.D. CARD APPLICATION

NAME (PLEASE PUT ONLY ONE CHARACTER / LETTER IN EACH BOX)

FIRST NAME	M.I.	LAST NAME

ADDRESS (PLEASE PUT ONLY ONE CHARACTER / LETTER IN EACH BOX)

BUILDING #	STREET	UNIT (APT.) #
CITY	STATE	ZIP
BAYONNE	NEW JERSEY	07002

TELEPHONE NUMBER(PLEASE PUT ONLY ONE CHARACTER / LETTER IN EACH BOX)

- -

DATE OF BIRTH(PLEASE PUT ONLY ONE CHARACTER / LETTER IN EACH BOX)

MONTH	DAY	YEAR

2 FORMS OF I.D. REQUIRED (PLEASE CHECK THOSE WHICH APPLY)

PHONE /PSE&G BILL	BIRTH CERTIFICATE	PASSPORT	DRIVER'S LIC	OTHER
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THE BAYONNE RESIDENT I.D. CARD IS VALID FOR ENTRANCE TO THE DiDomenico POOL AT 16TH STREET, SKUTNICK POOL AT LINCOLN SCHOOL, THE SKATING RINK, AND RUNNING TRACK ONLY.

My signature of this form certifies that I have filled this form out to the best of my ability and that all the information which I have providing is valid to the best of my knowledge.

PRINT NAME	SIGNATURE	DATE
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