



**Incorporated Village of Westhampton Beach**  
 DEPARTMENT OF BUILDING AND ZONING  
 165 Mill Road, Westhampton Beach, New York 11978  
 (631) 288-3478 – Fax (631) 288-4332



The NAME AND PERMANENT ADDRESS of each adult (18 and over) who will use the property is required and **MUST BE PRINTED AND LEGIBLE**. APPLICATIONS THAT ARE NOT LEGIBLE WILL NOT BE ACCEPTED.  
 This application will not be accepted for filing unless **SIGNED BY OWNER AND EACH ADULT TENANT**.  
**Tenants will NOT be issued a beach pass unless their name and signature appear on this application.**

1) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

2) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

3) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

4) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

5) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

6) NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_