

## CITY OF ALBANY DEPARTMENT OF WATER & WATER SUPPLY 10 NORTH ENTERPRISE DRIVE ALBANY, NEW YORK 12204 TELEPHONE (518) 434-5300

FAX (518) 434-5332

KATHY SHEEHAN MAYOR JOSEPH E. COFFEY, JR., P.E. COMMISSIONER

## APPLICATION FOR BASIC CREEK RESERVOIR ACCESS PERMIT

Name:		
Address:		
City Resident (with current	proof): Yes 🗆 No 🗆	
Driver's License ID Number	r (if applicable):	
DOB:	Adult, Albany City resident (\$10.00)	☐ Adult, non-resident (\$20.00): ☐
Child under 16 years (No ch	harge) $\square$ (Children must be accomp	panied by an adult permit holder).
Telephone Number:	Day	Night
In case of emergency, cont	act:	
NYS Fishing License: Yes	] No □ If yes, please provide ID n	number:
Did you possess a Basic Cre	eek Reservoir permit previously: Yes	□ No □
Main interest in recreating Other:	at the Basic Creek Reservoir: Fishing	; □ Hiking □ Bird Watching □
		LATIONS. ONCE YOU HAVE REVIEWED
THE REGULATIONS, PLEASE	E BRING THE COMPLETED APPLICATION	ON TO THE CITY OF ALBANY
DEPARTMENT OF WATER A	AT THE ABOVE ADDRESS TO PURCHAS	E YOUR PHOTO ID PERMIT.
PAYMENT OF CREDIT CARD	O OR CHECK ONLY, CASH WILL NOT BE	ACCEPTED.
Name:	Signature:	Date: