

MUSKEGON COUNTY

M I C H I G A N

Application for Annual Visitor's Pass Muskegon County Wastewater Management System

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Today's Date _____

Name: Last _____ First _____ M.I. _____

Home address _____

City, State, ZIP _____

Home Phone () _____ Driver License Number _____

Vehicle Make: _____ Model: _____ Color: _____

License Plate Number of the Vehicle you will use most _____

Proposed Site Use (Reason you want the pass.)

Are you a member of a nature or conservation organization? Yes No

If Yes, List with member number.

Other information you think might be helpful.

All site use under an annual pass is subject to the conditions listed on the pass and posted regulations. Any site use that is deemed by staff or law enforcement as illegal, unsafe or disruptive may result in revocation of the annual pass, prosecution or both.

Signature of Applicant: _____

Office Use:

Permit Number: _____ Approved by: _____

WASTEWATER MANAGEMENT SYSTEM • 698 N. MAPLE ISLAND ROAD • MUSKEGON, MI 49442

(231) 724-3440 • FAX (231) 724-3588

An EEO / ADA Employer
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