Town of Westport
Parks & Recreation

AFFIDAVIT

FULL-TIME CARE-GIVER PASS FOR: LONGSHORE POOL AND/OR COMPO BEACH

I _____ of (address) _____

Hereby depose and say:

The following person for whom I am requesting a Full-Time Care-giver Pass is in my employ as a full-time care-giver to my children named:

_____(age) _____

_____(age) _____

_____(age) _____

_____(age) _____

_____ _____

Care-Giver Name & Date of Birth Care-Giver Home Address & Telephone #

I understand this pass is only valid from Monday through Friday and is not valid on weekends or holidays. I also understand that a least one of the children named above must be present in the vehicle for access to the beach to be allowed.

I further understand that a parking pass for a new care-giver will only be issued upon surrender of any previously issued such pass.

I fully understand that, if the statements above are found to be untrue, I may be subject to arrest and/or suspension of privileges as outlined in the Rules and Regulations Governing Use of Municipal Beaches, Yacht Basins and Longshore Club Park.

Signed: _____
Employer Name

For Notary Public:

Subscribed and sworn to me this _____ of _____, _____
Day Month Year

Notary Public: _____

My Commission Expires: _____

(Department/formsw/Care-giver Affidavit)