1 YEAR EMPIRE PASS DECAL APPLICATION

(Please print)

First Name ☐☐☐☐☐☐☐☐☐☐ Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address ☐☐

City ☐☐

State ☐☐ Zip ☐☐☐☐☐ Telephone ☐☐☐ – ☐☐☐ – ☐☐☐☐

e-mail ☐☐

No. of Passes Requested ($65 ea)**:**_____

Amount Paid: $_____ **Do Not Send Cash**

Complete and mail application with check or money order payable to "NYS Parks" to your nearest State Park, State Park regional office or to:

Empire Pass
New York State Parks
Albany, NY 12238

OFFICE USE ONLY

Issue Date: _____ Amount: Paid $ _____

Pass #: _____ # _____ # _____ # _____

Park Name: _____

Payment Method: ☐ Cash ☐ Check ☐ Credit Card

The Office of Parks, Recreation and Historic Preservation is authorized to collect this information by Section 3.09 of the Parks, Recreation and Historic Preservation Law. It will be used to process your application. If the information you provide is not complete, it will not be possible to process your application. The information will be maintained electronically by the Regional Programs and Services Bureau, State Parks, Albany, NY 12238, 518-474-0458, TTY/TDD through 711 Relay Service, by paper at the point of sale. This information may also be used to contact you about this and other programs of the New York State Office of Parks, Recreation and Historic Preservation.