

KIRK O. LARSON  
MAYOR

GAIL J. WETMORE, RMC  
MUNICIPAL CLERK/ADMINISTRATOR

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## “BEACH CHAIRS” RESERVATION AND SIGN OUT SHEET

Name, Permanent Address & Telephone #: \_\_\_\_\_  
\_\_\_\_\_

Drivers License # \_\_\_\_\_

Address & Telephone # Where the Chair will be kept: \_\_\_\_\_  
\_\_\_\_\_

Address (Which Beach) where Chair will be used: \_\_\_\_\_  
\_\_\_\_\_

DATES REQUESTED: \_\_\_\_\_

DATES APPROVED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF BORO OFFICIAL: \_\_\_\_\_

Please keep the chair in a secure area when not being used and  
Rinse after each beach use.

***THE BEACH CHAIR PROGRAM IS FUNDED COMPLETELY  
BY DONATIONS.***