

pg_____ of _____

Ocean County Parks & Recreation, ADMINISTRATIVE OFFICES,
1198 Bandon Road, Toms River, N.J. 08753-3138.

PLEASE PRINT:

LAST NAME: _____ FIRST: _____

ADDRESS: _____

APT # OR BLDG _____ TOWN: _____

STATE: _____ ZIP: _____ - _____ (4 digit extension)

HOME # () _____

BUSINESS # () _____ ext. # _____

EMERGENCY #: () _____

CELL #: () _____

E-MAIL ADDRESS: _____

Total Amt. Enclosed \$ _____ Check # _____

County of Ocean - Parks & Recreation Vendor Claimant's Certification & Declaration

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that no bonus has been given or received by any person or persons within the above claim; that the amount therein stated is justly due and owing.

X _____ X _____
Participant's Signature Today's Date

STAFF USE ONLY:

Program # _____ **Refund Amt** _____ **Refund Date** _____

Program # _____ **Refund Amt** _____ **Refund Date** _____

Program # _____ **Refund Amt** _____ **Refund Date** _____

Program # _____ **Refund Amt** _____ **Refund Date** _____

C.P. 144

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