



Village of Grosse Pointe Shores
795 Lake Shore Rd.
Grosse Pointe Shores, MI 48236
313-881-6565

2019 Census Record



Designation of an Emergency Contact



Park Pass Application



This is an annual request for resident information. All information submitted is confidential and used for census records, emergency contacts, and the creation of annual park passes. Your cooperation in accurately completing this form is appreciated and helpful to city operations. Please return your completed forms to city offices at 795 Lake Shore Rd. via mail or the white drop box located in the city offices parking lot.

Guidelines for Submission of 2019 Census Information

- * All individuals residing in the household must be listed.
Do not list anyone that does not permanently reside in the home.
- * The Village of GP Shores reserves the right to request verification of residency, and will accept a valid driver's license, state ID, voter registration card, or a GPPSS report card as evidence of such. Residency verification is mandatory for any individual with a change of address and for any individual over the age of 25 residing in the home who is not designated as a head of household.

Guidelines for Designation of an Emergency Contact

- * Emergency Contacts will only be notified in the event of an emergency where the resident cannot be reached.

Guidelines for Resident Park Passes

- * Residents must complete an application annually.
- * Passes will only be issued to qualified residents. Qualified residents are defined as 2 designated heads of household and minor children/adult dependents between the ages of 8 years old and 24 years old.
- * **Any adult dependent over the age of 25 residing in the home must submit proof of residency with the completed application.** The Village of GP Shores will accept a photocopy of a valid driver's license, a photocopy of a state ID, or a photocopy of a voter registration card attached to the application.
- * Caregiver Passes will be issued upon request for a designated caregiver to minor children, or elderly residents in need of assistance. The Village of GP Shores may request proof of employment. Caregiver passes do not include guest privileges. Caregivers must be accompanied by the designated resident they care for.
- * Providing fraudulent information to obtain additional park passes or use of park passes by anyone other than the person to whom the pass was issued will result in confiscation of passes, and a potential loss of pass privileges to the household for one year.
- * It is mandatory to present a valid park pass to the gate attendant to obtain entry into the park. Gate attendants have the right to request a photo id that corresponds with the issued park pass at their discretion.
- * Lost passes will be replaced for a \$5 service fee.
- * Any incomplete applications or applications requiring additional verification will be returned to the residents with detailed instructions as to how to proceed with the application process.

**** Once the park pass application has been approved, passes will be mailed to the residents beginning April 8th. ****

**** Please complete the application on the reverse side of this document. ****

**** Any questions, please contact city offices. ***

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Designation of an Emergency Contact

Park Pass Application



Street Number & Name		
City, State, Zip Code (If different than GPS)		
Land Line Number		
Primary Email Address		
Year Moved In		
Emergency Contact Name (Outside of Household)		Relationship to Resident:
Emergency Contact Phone Number		

PLEASE CIRCLE APPROPRIATE PARK PASS TYPE

HOMEOWNER

TENANT OR
BORDER PROPERTY

BOATER/NON-RESIDENT
Well # _____

COURTESY OR
EMPLOYEE

Head of Household			
First Name	Last Name	Date of Birth	Cell Phone #
1.			
2.			
All Minor Children & Adult Dependents (up to 24 years of age.)			
First Name	Last Name	Date of Birth	
1.			
2.			
3.			
4.			
5.			
Adult Dependents <u>over</u> the age of 25			
Proof of residency must be attached – please see reverse side for details			
First Name	Last Name	Date of Birth	
1.			
2.			
Caregiver to Minor Children or Elderly Residents			
First Name	Last Name	Designated to Care For:	
1.			

FOR OFFICE USE ONLY – Do not mark below this line				
DATE ENTERED		CENSUS UPDATED		RESIDENT'S SIGNATURE & DATE OF RECEIPT
DATE MAILED		CLERK INITIALS		IF PASS IS NOT MAILED/PICKED UP IN PERSON - Clerk Initials
			X	