



City of Waukesha of Parks, Recreation and Forestry Department

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www.waukesha-wi.gov

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PAYEE CONTACT INFORMATION (please print):

(only needed if payee different than responsible party listed on application)

First Name _____ Last Name _____

Date of Birth _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work or Cell Phone _____

Email Address _____

Payment Method:

Please check one: Cash Check Visa MasterCard Discover