



**CITY OF ALBANY  
DEPARTMENT OF WATER & WATER SUPPLY  
10 NORTH ENTERPRISE DRIVE  
ALBANY, NEW YORK 12204  
TELEPHONE (518) 434-5300**

**KATHY SHEEHAN  
MAYOR**

**FAX (518) 434-5332**

**JOSEPH E. COFFEY, JR.,  
P.E.  
COMMISSIONER**

### **APPLICATION FOR BASIC CREEK RESERVOIR ACCESS PERMIT**

**Name:** [Click here to enter text.](#)

**Address:** [Click here to enter text.](#)

**City Resident (with current proof):** Yes  No

**Driver's License ID Number (if applicable):** [Click here to enter text.](#)

**DOB:** [Click here to enter text.](#) **Adult, Albany City resident (\$10.00)**  **Adult, non-resident (\$20.00):**   
**Child under 16 years (No charge)**  **(Children must be accompanied by an adult permit holder).**

**Telephone Number:** [Click here to enter text.](#) **Day** [Click here to enter text.](#) **Night**

**In case of emergency, contact:** [Click here to enter text.](#)

**NYS Fishing License:** Yes  No  **If yes, please provide ID number:** [Click here to enter text.](#)

**Did you possess a Basic Creek Reservoir permit previously:** Yes  No

**Main interest in recreating at the Basic Creek Reservoir:** Fishing  Hiking  Bird Watching

**Other:** [Click here to enter text.](#)

**PLEASE REVIEW THE BASIC CREEK RESERVOIR RULES AND REGULATIONS. ONCE YOU HAVE REVIEWED THE REGULATIONS, PLEASE BRING THE COMPLETED APPLICATION TO THE CITY OF ALBANY DEPARTMENT OF WATER AT THE ABOVE ADDRESS TO PURCHASE YOUR PHOTO ID PERMIT.**

**PAYMENT OF CREDIT CARD OR CHECK ONLY, CASH WILL NOT BE ACCEPTED.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_