



# BONFIRE REQUEST FORM

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Location of Party: \_\_\_\_\_

Date of Party: \_\_\_\_\_ Time of Party: \_\_\_\_\_

Nature of Party: \_\_\_\_\_

Number of people attending: \_\_\_\_\_

**I understand that there is to be:**

**NO OPEN BURNING – NO ALCOHOLIC BEVERAGES – BEACH MUST BE CLEANED IMMEDIATELY FOLLOWING PARTY – ALL EQUIPMENT MUST BE HAND CARRIED ON TO THE BEACH**

**NOTE:** All fires must be contained in an enclosed container, ie, metal ring or barrel. Do not bury any wood/charcoal in sand. The beach cannot be reserved for you as it is a public beach, therefore, others may be using the beach at the time.

**\$25.00 Non-refundable Fee.** Make checks payable to **City of Lewes** and submit with completed form to: *The City of Lewes, Attn: Elaine Pease, P.O. Box 227, Lewes DE 19958.*

**PAYMENT INFORMATION:** *(Credit Card Payments can be faxed to: (302) 645-6406)*

<input type="checkbox"/> <b>Cash</b>	<input type="checkbox"/> <b>Check</b>	<b>Credit Card:</b>	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
Check # _____		Credit Card #: _____				
Receipt # _____		Expiration Date: _____		Verification Code: _____		
		Name as appears on card: _____				
		Billing Address: _____				
		Signature: _____		Date: _____		

**Should you have any questions, please contact Elaine Pease at the City Manager's Office (302) 645-7777 x100, Fax: (302) 645-6406 or epease@ci.lewes.de.us**

Cc: Police Department  
Street Maintenance Department