



# City of Grosse Pointe Woods

## Application for 2026-2028 Resident Parks & Recreation Passes

1. To apply for a park pass:

- Complete the form below. All family members residing in the household must be listed.
- Residents eight years of age or older are eligible for park passes.
- Once application is approved, updated photos of eligible residents will be taken and passes will be printed.
- I.D. must be shown to receive park passes.

2. The City of Grosse Pointe Woods reserves the right to request verification of each resident in the household. Proof of residency:

- Adults – Driver's license or Michigan I.D. with GPW address.
- Children – Birth certificate, school report card, or proof of guardianship.

3. Rental properties must have a current Certificate of Occupancy on file with the Building Department.

4. Guest privileges:

- Residents under 18 years of age are allowed one guest daily.
- Residents over 18 years of age are allowed two guests daily.

5. Lost park passes are replaced through adult application only, at a cost of \$20. Stolen park passes may be replaced free of charge if a police report is provided. Damaged passes may be exchanged for a new pass free of charge.

6. Passes are non-transferable. Misuse or change in eligibility status may result in suspension or cancellation of park pass.

7. Change in residency may result in a cancellation of park pass.

8. New passes expire December 31, 2028, and are required year-round for entry to the park and the Activities Building.

**For clarification of park pass procedures, call (313) 343-2408 on weekdays 8:30 a.m. - 5 p.m.**

**2026-2028 Resident Application for Parks & Recreation Passes**

Street Number

Street Name

Have you previously received passes at this address?

☐ Yes ☐ No ☐ No, however I received passes at a different GPW address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

Do you want to be added to the "Grosse Pointe Woods Happenings" weekly e-blast?

☐ Yes ☐ No ☐ No, I already receive the "Happenings"

Emergency Contact (other household)	Relationship	Primary Phone	Secondary Phone
1. _____			
2. _____			

Full Name of Each Resident	Date of Birth	Age	M/F	Cell Phone
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

**PLEASE PRINT CLEARLY**