

2022 YEAR-ROUND FERRY ID RENEWAL FORM

The year-round Ferry discount program has been established by the Board of Commissioners of the Fishers Island Ferry District for the purpose of encouraging and sustaining year-round residency through a discounted ticket when using the ferry service. Year-round residents are also encouraged to register to vote from a Fishers Island address to participate in ferry elections. The dependents of year-round residents also qualify until they establish separate residence or reach the age of 26.

1. Qualifications of "Year-Round Residency" are (circle your responses):
 - a. In the past 365 days I lived on the island 270 days – **Y/N**
 - b. I have a valid NY State driver's license with a Fishers Island address (NYS ID is no longer acceptable) – **Y/N**
 - c. I am registered to vote on Fishers Island for Ferry District elections - **Y/N**
 - d. Do you own a home outside of Fishers Island - **Y/N**

A "N" on any one qualification item may require review by the Board of Commissioners.

2. Applicants must submit this completed renewal form to the Fishers Island Ferry District's ticket office for review and approval.
3. To receive the discount, the year-round resident must display his/her ID card when purchasing a ticket and unique cards must be displayed for each ticket acquired. Year-round residents may use pictures of their Ferry IDs on their mobile devices as proof of residency and eligibility for the resident fare discount in place of having the ID card on-hand.
4. ***The Discount Rate is strictly for personal use only.*** Year-round residents using the ferry for business or commercial use are required to pay the full fare. **Initial** _____
5. **Residents are required to have a freight account with an email address.** **Initial** _____
6. Replacement cards cost \$10.00.
7. Granting of the Ferry ID card is ultimately at the discretion of the Fishers Island Ferry District's Board of Commissioners. The Ferry ID may be suspended or withdrawn at any time. Misuse of this privilege may result in termination of the Ferry ID card.

~ Continued on the backside.

Initial

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Name _____

Address _____

Telephone _____ Cell _____

Email _____

Drivers' License _____ ST _____

Please list dependents under the age of 26:

I HAVE READ THE REGULATIONS CONCERNING THE YEAR-ROUND DISCOUNT PROGRAM AND HEREBY DECLARE THAT I FULFILL THE RESIDENCY REQUIREMENTS ABOVE AND WILL ABIDE BY THESE RULES AND REGULATIONS.

Date Submitted _____

Signature _____

Agent: _____ Date Issued: _____

Approved _____ Date _____