Town of Surf City
Hurrican Re-Entry Pass Application

Name: _____

First *Middle* *Last*

Surf City Address(es): _____

_____

Parcel Number(s):
For Staff Use _____

Mailing Address: _____

Street

_____

City *State* *Zip*

Phone Number/ Email _____

Old Pass Number _____
(If applicable)

Type

☐	☐	☐
Property Owner	*Property Management Company Name or Broker Name*	*Contractor Business Name & State License Number*

Signature / Date _____

1. Passes are for Island Properties ONLY
2. Please Mail form to Stephanie Hobbs, Town of Surf City, PO Box 2475 Surf City, NC 28445
3. Only 2 passes will be issued per property, owners with multiple properties will receive ONLY 2 passes.
4. Please have re-entry on you at all times.

☐ Check Box to Sign up for Emergency Phone Notifications
☐ Check Box to Sign up for Community Event Phone Notificaitons

Staff Initial / Date:_____ ID #:_____