2026 Application for Use of Village
Raised Garden Bed
at Beach Street Community Garden

DATE: _____

NAME:

_____

ADDRESS:

_____

I am a Port Jefferson Village resident

I am not a Port Jefferson Village resident (application will be considered after resident applications are satisfied)

PHONE #: _____ EMAIL: _____

Most raised beds are 12″ tall, but four raised beds at the Beach Street Community Garden are 20″ tall to make gardening more accessible to people with different abilities.

I am a person with different abilities and require a 20″ tall, raised bed. If a 20″ tall bed is unavailable, please remove me from the lottery.

I am a person with different abilities and would prefer a 20″ tall, raised bed, but would also accept a 12″ high bed.

Raised Bed Rental Rules –

- **PJV resident fee is $40.00, non-resident fee is $75.00 per 6 ft x 3 ft raised bed, per year. Please submit a check or money order payment with this form. The payment will be returned if you are not selected as a participant.**
- **The 2026 gardening year spans from March 15 to November 15.**
- **All Gardeners will be required to sign and adhere to the Beach Street Garden Rules and corresponding liability waivers. The Village requires prospective gardeners to review these forms before submitting this application. These are available for review at portjeff.com/community garden.**
- **Raised bed plots must be properly maintained for the entirety of the garden season.**
- **Gardeners are required to volunteer (outside of their own raised beds) for at least 2 hours per month.**
- **One raised bed per household.**

PLEASE MAIL OR DELIVER THIS COMPLETED ONE-PAGE APPLICATION FORM TO VILLAGE HALL AS FOLLOWS: Raised Bed Lottery, 121 West Broadway, Port Jefferson, New York 11777, to the attention of Marissa Lebron.

LOTTERY CLOSES 3/10/26. RECIPIENTS WILL BE NOTIFIED VIA EMAIL BY 3/15/26. (If selected, you will be prompted to complete the Beach Street Garden Rules and Liability forms.)

I have read the Beach Street Garden rules and will sign these contracts if I receive a bed

_____

SIGNATURE, PRINTED NAME AND DATE

(Office use only)

Bed Number _____

Payment Received _____

Contract / waivers Received _____