



APPLICATION FOR SPECIAL USE PERMIT

Name of Organization or Individual: _____

Address: _____

Authorized Representative: _____

Phone: _____

Cell: _____

FAX: _____

Detailed description of activity requested: _____

Requested _____

Location: _____ Date(s) of Use: _____

Time(s) of Use: _____ Number of Users: _____

Special Conditions to be determined by Lake Metroparks: _____

Signature of Applicant _____

Date _____

Completed application should be faxed (440) 358-7280 or mailed to Lake Metroparks Ranger Department for consideration:
Lake Metroparks Ranger Department
11189 Spear Road
Concord OH 44077