



# APPLICATION FOR SPECIAL USE PERMIT

Please complete this form and return to:  
Lake Metroparks Ranger Department  
11189 Spear Rd., Concord Twp., Ohio 44077  
440-358-7280 (fax)

PLEASE PRINT

Name of organization or individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Detailed description of activity requested:


Requested location: \_\_\_\_\_

Date(s) & time(s) of use: \_\_\_\_\_ Number of users: \_\_\_\_\_

Special conditions to be determined by Lake Metroparks: \_\_\_\_\_

\_\_\_\_\_

Signature of applicant

Date