



APPLICATION FOR SPECIAL USE PERMIT

Please complete this form and return to:

Ashtabula Metroparks Executive Director
25 W. Jefferson St.
Jefferson, OH 44047

PLEASE PRINT

Name of Organization or Individual: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____@_____

Detailed description of activity requested:

Requested location: _____

Date(s) & Time(s) of use: _____ Number of Users: _____

Special Conditions to be determined by Ashtabula Metroparks: _____

Signature of Applicant

Date

Special Use Permit:

Special use permits are required for any park activity that is outside of normal hours, modes of use or established ways controlled by the Ashtabula Metroparks Rules and Regulations.

Application instructions:

- Complete your name, address and phone number.
- Fill in the requested activity box
- Fill in the location only if the activity is limited to one location.
- Please sign and date your request and mail the permit to the Metroparks.
- Signature is required
- Metroparks will complete the form and either contact you or mail the permission slip back to you.