Permit N	No				Da	te Approved	d
Papio-Missouri River Natural Resources District							
		Cha	alco Hills R	ecreation i	Area		
	_						
		APPLICATI	ON FOR S	SPECIAL U	JSE PERI	MIT	
Applicat	tion Date:	Applicant Name (and Organization):					
Contact	Person (If applica	able):					
Mailing A	Address						
Day Time Telephone No Evening No							
1.	DESCRIBE PROPOSED ACTIVITY						
•							
•							
2.	LIST DATE (s) OF PROPOSED ACTIVITY:						
•							
•							
3.	DURATION OF A	CTIVITY:	Beginning @	D	a.r	m. or p.m.	
			Ending @	@	a.r	m. or p.m.	
4.	ESTIMATE NUMBER OF PERSONS ATTENDING:						
5.	PARK LOCATION, EQUIPMENT, AND FACILITIES TO BE USED:						

APPROVED BY: