

Permit No. _____

Date Approved _____

Papio-Missouri River Natural Resources District

Recreation Areas

APPLICATION FOR SPECIAL USE PERMIT

Application Date: _____ Applicant Name (and Organization): _____

Contact Person (if applicable): _____

Mailing Address: _____

Daytime Telephone No. _____ Evening No. _____

1. DESCRIBE PROPOSED ACTIVITY

2. LIST DATE (s) OF PROPOSED ACTIVITY:

3. DURATION OF ACTIVITY: Beginning @ _____ a.m. or p.m.

Ending @ _____ a.m. or p.m.

4. ESTIMATE NUMBER OF PERSONS ATTENDING: _____

5. PARK LOCATION, EQUIPMENT, AND FACILITIES TO BE USED:

APPROVED BY:

