



Request for Special Permit
(Waiver of a MetroParks Rule or Regulation\*)

Please Type or Print

NOTE: PERMIT MAY REQUIRE 30 OR MORE DAYS TO PROCESS.

If any clarification is needed, a MetroParks staff member may follow up with additional questions.

Name: \_\_\_\_\_

Name of organization (if applicable): \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

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

Email: \_\_\_\_\_

MetroPark location: \_\_\_\_\_ Specific area within the park: \_\_\_\_\_

Please describe the reason for the request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Specific MetroParks Rule or Regulation #: \_\_\_\_\_

\_\_\_\_\_

\* Please visit our website at www.yourmetroparks.net for a complete listing of our Rules & Regulations

Is the On-Site Contact different that above? [ ] Yes [ ] No

Complete this section only if On-Site Contact is different from above.

Name: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email: \_\_\_\_\_

MetroParks contact, if any: \_\_\_\_\_

To the best of my knowledge, the above information is true and accurate.

Requestor Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

For Office Use Only

Reviewed by: \_\_\_\_\_ Comments: \_\_\_\_\_
Initials/Date

Reviewed by: \_\_\_\_\_ Comments: \_\_\_\_\_
Initials/Date

[ ] Approval [ ] Disapproval (see comments above)