



New York State Office of Parks, Recreation and Historic Preservation
Finger Lakes Region

PERMIT APPLICATION

Organization Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

State Park: _____

Specific Location: _____

Date Requesting: _____

Start Time: _____ End Time: _____

Number in Party: _____ Number of Vehicles: _____

Describe activity to be held: _____

Fee: _____

Permittee's Signature: _____ Date: _____

Park Manager's Signature: _____ Date: _____

Send completed form and payment to: _____

Please discuss any special conditions that may apply to your permit with the Park Manager prior to completing this form. All approved special conditions are listed on the back of form.

A Certificate of Insurance may be required.

The certificate needs to include the organization name, event location and event date along with the following wording for "Additional Insured": "The People of the State of New York, the New York State Office of Parks, Recreation and Historic Preservation, the Finger Lakes State Park, Recreation and Historic Preservation Commission, their commissioners, officers, agents and employees."

Participants will be responsible for paying the vehicle use fee on the day of the event.

Revised 7/18/05

For official use only:

MRR# _____

Date Received: _____

Amount Received: _____

Issued by: _____

