



APPLICATION FOR SPECIAL USE PERMIT

Little Blue Natural Resources District Recreational Area: _____

Application Date: _____ Contact Person: _____

Organization/Applicant Name: _____

Mailing Address: _____

Day-Time Phone No. _____ Cell No. _____ Email _____

Describe Proposed Activity:

List Date(s) of Proposed Activity:

Duration of Activity: Beginning at _____ AND Ending at _____

Estimate Number of People Attending Event: _____

Park Location, Equipment, and Facilities to Be Used:

The Applicant certifies that the information provided herein is true and accurate, and agrees that during the use of the park for the requested event all park rules and regulations will be followed.

Signature of Applicant: _____

Approved By: _____

Date Approved: _____

Permit No: _____

Little Blue Natural Resources District

P.O. Box 100

Davenport, NE 68335

Phone: 402-364-2145

Fax: 402-364-2484

lbprd@littlebluenrd.org