



TEMPORARY REVOCABLE PERMIT APPLICATION

SHORT-TERM PERMIT FOR INDIVIDUALS AND/OR GROUP EVENTS
ON DEC-MANAGED PUBLIC LANDS AND CONSERVATION EASEMENTS

APPLICANT INFORMATION

Applicant Name:

Organization:

Email:

Phone:

Street Address:

City:

State:

Zip Code:

RESEARCH ACTIVITIES

For research activities, please provide the supervising professor or Department head as the contact.

Contact Name:

Title:

Email:

Phone:

REQUESTED LOCATION & USE

Please specify the name of the State land unit where the activity is requested to occur.

Town(s):

County:

State Land Unit Name(s):

Facility, Trail or Road Name(s):

Estimated Number of Attendees:

Start Date of Use:

End Date of Use:

DESCRIPTION OF USE

Please provide a description of the intended use of the public lands, including a description of equipment to be used. Attach additional information as necessary.