

# Metal Detecting Equipment Operation Permit Application

Name of Applicant:	
Address:	
Email:	Phone:

Requested Date of Operation:	Requested Time:
Requested Location:	
Statement of scientific purpose, educational purpose, or other purpose of public or great general interest:	

Please attach the following documentation:

- Photo ID of applicant.

I verify that I have read, and will comply with, Fairfield County Park District's Metal Detecting Equipment Operation Permit Policy. I further understand that, if my permit application is approved, prior to the permit being issued, I will need to pay the required fee. I further certify that all statements made in this application are true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Park District Use*

Application received on: \_\_\_\_\_ By: \_\_\_\_\_

Director's Determination:  Approved  Denied      Initials: \_\_\_\_\_ Date: \_\_\_\_\_

