

P.O. Box 35000 Billings, MT 59107 406-256-2701

COUNTY PARK SPECIAL USE PERMIT

PLANNED USE:	
REQUESTED BY (PRINT NAME):_	
ORGANIZATION (IF ANY):	
PARK NAME:	DATE:
TIME WILL BE IN PARK (START)	(END)
TELEPHONE:EMA	IL:
ADDRESS:	
SUBMIT APPLICATION AND PERICOUNTY TREASURER) (\$25.00) TO CONDITIONS OF APPROVAL, IF A	O ADDRESS HEREON.
•	s Special Use is approved by ard of Park Commissioners.
Parks Administrator	