

RESEARCH AND COLLECTION PERMIT APPLICATION

Please submit to Parks Botanist/Naturalist, Lars Higdon via email:
higdon.lars@countyofdane.com; use subject line: *Research and Collection*



Have questions? Please call Dane County Parks at (608) 245-6898. We look forward to hearing from you!

Dane County Parks Research and Collection Permit Application Process

1. Submit a Dane County Parks Research and Collection Application via email. Applications should be submitted a minimum of 30 days prior to proposed start date. Staff are available to discuss your proposed activities prior to submitting your application.
2. Dane County Parks staff will review the application and will either approve or deny the request and will contact you if additional information is needed.

APPLICANT CONTACT INFORMATION

Contact Name:	Organization (if applicable):
Email:	Address:
Day Phone #:	Cell #:

RESEARCH AND COLLECTION INFORMATION

Permit Start Date:	Permit End Date:
Park Name:	Location within Park:
Objective of Research or Collection:	
Brief summary of methods and procedures:	
Potential impacts to park visitors, wildlife, or the environment:	
Special needs and considerations:	

THE FOLLOWING CONDITIONS APPLY

Applicant agrees to carry permit while in field.	Yes
Applicant agrees to follow all Dane County Parks rules and regulations.	Yes
Applicant agrees not to drive on trails unless authorized.	Yes
Applicant agrees to minimize disturbance to park visitors, natural resources, etc.	Yes
Applicant agrees to remove all materials from property upon completion of permit.	Yes
Applicant agrees to share findings from research with Dane County Parks Botanist/Naturalist.	Yes

Application Signature

THE APPLICANT FOR A DANE COUNTY PARKS RESEARCH AND COLLECTION PERMIT SHALL AGREE TO INDEMNIFY, DEFEND, AND HOLD THE COUNTY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE COUNTY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

I hereby certify to the best of my knowledge that the information and statements contained in this application are complete and true. I understand that failure to report components of this event/activity may result in the loss of payments made, failure to secure a permit, revocation of the permit, or failure to secure future permits.

Applicant Signature: _____ Date: _____

Typed or Printed Name: _____

PERMISSION IS GRANTED FOR THE APPLICANT WITH THE FOLLOWING RESERVATIONS:

Staff Signature: _____ Date: _____