SUD B URD	
Annu States	
INCORT	

Town	of	Sud	bury
Conser	vatio	n Comn	nission

Conservation Land Use Application (Camping)

Date of Application:	
Organization Name:	
Area Requested:	
Date(s) of Activity:	
Time: From: To:	
Estimated Attendance: Adults:	Children:
Names, Addresses and Phone Numbers (and cell #'s) of	attending adults:
1	
2	
3	
4	

A fire permit must be obtained if you are planning use a camp stove. Open flames are not permitted. Please obtain the permit from the Fire Department <u>on the day</u> you wish to camp. (Per Fire Department Regulations)

We agree to abide by the Rules and Regulations of the Conservation Commission for use of the Conservation Land.

Name: _____

Address:	

Phone:		

License Plate #:

Signature