



APPLICATION FOR MISCELLANEOUS DNR PROPERTY USE

State Form 55847 (6-15)

Approved by State Board of Accounts, 2015

This application for miscellaneous DNR property use is designed for activities that require a permit, license, or permission per DNR Property Rules (IAC 312 8) but no activity-specific form exists. It may also be used for authorization of unique, property-specific activities of individuals or small groups that are not addressed in the DNR Property Rules. It may not be used as a substitute for situations where a Special Events Permit is required for large groups, exclusive use or other circumstances per the Special Events Permit SOP.

APPLICANT COMPLETES

Name of Individual _____ Date of application (mm/dd/yyyy) _____

Address (number and street) _____

City _____ State _____ Zip code _____

Telephone number (Home) _____ (Cellular) _____

E-mail address _____

Purpose of request _____

Date(s) authorization requested (mm/dd/yyyy) From _____ to _____

Property or Properties requested for use _____

Specific locations requested at Property or Properties _____

WAIVER AND RELEASE OF LIABILITY

In consideration for the undersigned Participant to obtain authorization for _____ on land owned or managed by the State of Indiana, the Participant does specifically and knowingly release, hold harmless, and covenant not to sue the State of Indiana and/or its officers, agents and employees from any claim of liability for property damage, personal injury, loss, or death. This release is binding upon all persons and entities that may act on my behalf including but not limited to my estate, heirs, and assigns. I understand that by signing below, I am giving up legal rights and/or remedies that may be available to me for the negligence of the State of Indiana.

Signature of applicant _____

PROPERTY COMPLETES

Associated Property Rules Legal Citation (if applicable) _____

Special conditions of authorization (to be added by Property Manager) _____

The applicant is authorized for the special use requested. Compliance with all special conditions of authorization is required as identified above.

Name Title Date of approval (mm/dd/yyyy)

License/Permit valid dates (mm/dd/yyyy) _____ to _____
Beginning date Ending date

Follow-up notes/comments _____