

Phone (512) 255-7871 • FAX (888) 843-7326

Email: <u>CustomerService@bcmud.org</u> • Website: <u>www.bcmud.org</u>

## SPECIAL USE POLICY APPLICATION Parks & Recreation

Name:		E-mail:	
Address:			
Street		City	Zip
Home Phone:	Cell Phone:	Work Phone:	
Name of Company:			
<b>Description of Proposed Activi</b>	ty:		
Proposed Dates of Activity:			
Proposed Times of Activity:			
Proposed Location of Activity:			
Anticipated Number of Participa	ants:	Fee Per Participant	t:
Anticipated Amount of Revenue	e (if applicable):		
and absolute discretion based upon consi District's parks; impact on traffic and park mpact on availability of the park to the pul greenspaces; impact of the activity on sur to deny any request for authorization to co authorization. The District reserves the rigl	deration of all relevant facts and ting; conflicts with the District's blic; whether the activity may introunding property owners; and induct an Activity Special Use Alpht to request additional informa	nd circumstances, including to parks and recreational progenterfere with the operation and other considerations. The Dapplication on the District's pation. All of the terms and other considerations.	parkland shall be made in the District's sole the impact of the proposed activity on the gramming; conflicts with other park users; and maintenance of District parks, trails and district reserves the sole and absolute right tarkland, or to modify or terminate any prior conditions of the Special Use Policy are bound by, all such terms and conditions.
Signature		Date	
□ Approved □ Not Approved			
Ву:	D-4-	<b>)</b> :	