

City of Mountain Park

APPLICATION FOR FISHING PERMIT

Permit # _____

Applicant's Full Name _____

Street Address _____

City, State, Zip Code _____

State Fishing License # _____ State of License _____

State Driver's License # _____ Expiration Date _____

Applicant verifies that the above information is true and correct. Applicant warrants and agrees that Applicant will abide by all state and city regulations and ordinances governing fishing and use of lakes, parks, and city facilities.

Application made this _____ day of _____ 20_____.

Applicant Signature _____

Phone # _____

City Representative _____

NOTE: All permits are non-transferable.