TOWN OF WESTON CONSERVATION LAND USE PERMIT

Weston Conservation Commission • PO Box 378 • Weston, MA 02493 • Phone: 781-786-5068 • Fax: 781-786-5069 • conservation@westonmass.org

SECTION A: TO BE COMPLETED BY THE APPLICANT

1.	Permission is requested by _				
	(Name of Organization/Applicant)				
2.	for use of the	(Nama of C	longariation Land)		_Conservation Land area
	 Please atta 	ach a map showi	ing the trails and/or specific	areas that you would like to	use
2		-	•		
٥.	on the following date(s):		(date(s))	(time	9)
4.	for the following purpose:				,
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		- 			· · · · · · · · · · · · · · · · · · ·
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5.	Leader in charge:	(name)	(phone)	(email address)	
		(name)	(phone)	(cmair address)	
			(complete mailing address)		
6.	Vehicle Make & Model:			License Plate No.	
1.	Size of group:	8. V		e (please place 'X' next to al Single-track trail	
caı	e Permittee shall indemnify ar uses of action, claims, judgment a result of Permittee's use of T	nts or other liabi	ility, including without limi		
evi nar	e Permittee may be required to dencing that the Permittee car me the Town of Weston as an operty.	rries insurance w	vith a licensed insurance co	npany acceptable to the Tow	n. Such insurance shall
Sig	gnature of Applicant:			Date:	
	SECTIO	ON B: TO BE	COMPLETED BY TH	E CONSERVATION OF	FICE
Pei	rmit Application: Appro	oved	Denied	Permit Number	.
					
512	mature:Michele Grzenda, Co	onservation Adr	ninistrator	Date:	
	whenere Grzenau, ev	siisei vation 7 tan	mistrator		
Spo	ecial Conditions'"QT'Tgcuqp'h	nqt'F gpken			
cc:	Police Dept.	Fire Dept.			