

CITY OF BLOOMINGTON PARKS AND RECREATION SCIENTIFIC STUDY PERMIT APPLICATION

Date of Application:					
Title of Project/Study:					
Project Scope/Subject:					
Applications must be completed in entirety to be considered for cotters@bloomington.in.gov. I. Background and Contact Information	review. Email completed applications to				
Applicant/Principal Investigator Name:					
Affiliation:	Occupation:				
Affiliation Address:					
Email:	Phone:				
Name:					
Email:	Phone:				
Name:					
Email:	Phone:				
Name:					
Email:	Phone:				
Have you or any of the investigators above previously been issued	a Bloomington Park Scientific Study Permit?				
Yes □ No □					
If yes, give date of last permit application :					
Project start date:					
Project end date:					

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Additional Investigators to be Authorized Under Permit:

Scientific Methods and/or Procedure: Please list all parks and natural areas to be included in this permit: Dijectives of study: 1. Scientific Collection Information (Complete this section if project will include handling or collection natural objects/specimens.) escription of Samples/Species to be Collected (Describe each in detail where applicable.) Faxonomic name or group for each species: Approximate number of samples/specimens of each natural object/species for EACH PARK:		arch Information (Please answer all questions. A scientific research proposal enced to provide additional details. Geo-location map also recommended for clari	
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shapefiles, GPS coordinates, p	tions, materials, and reports; include information bhotographs, models, raw data, voucher number will be made available as part of the required g	rs, etc. will be generated as part of
agree to all conditions and gu	eval (By signing and submitting this applicati idelines attached to this permit. In no way is the nits, the burden of obtaining additional permits	nis an absolute permit, if your area
-		
APPROVED] DE	ENIED
Reasons for approval or de	enial, and additional comments or stipulations:	
	and Recreation	Date

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