



DEPARTMENT OF RECREATION AND COMMUNITY SERVICES

2414 W. MITCHELL, MILWAUKEE, WI 53204

PHONE: (414) 647-6046 FAX: (414) 647-6079 EMAIL: OUTDOORPERMITS@MILWAUKEERECREATION.NET

OUTDOOR FACILITY PERMIT APPLICATION

NAME OF ORGANIZATION: _____

BILLING ADDRESS: _____

CITY: _____

ZIP: _____

NAME OF CONTACT PERSON (S): _____

PRIMARY PH#: _____

SECONDARY PH#: _____

FAX #: _____

E-MAIL ADDRESS: _____

TODAY'S DATE: _____

Outdoor facilities and permits are subject to all municipal ordinances in addition to all rules and regulations governing outdoor facilities and can be terminated immediately at the discretion of the MPS Department of Recreation & Community Services (Milwaukee Recreation). Permits issued must be presented on site in order to ensure access.

- A **permit application** must be submitted to Milwaukee Recreation. All sections of the permit application must be accurately completed in full. Missing information can delay the process. The completed application must be submitted a minimum of two (2) weeks prior to the event to ensure proper processing.
- **Payment** in full must be received by our office a minimum of one (1) week prior to the event. Acceptable payments include cash, check or money order made payable to MPS Recreation.

By signing below, I affirm that: I am authorized to act on behalf of the entity identified above; I have read and agree to the terms and conditions as outlined in the Outdoor Permit Rules and Regulations document; and I will be personally responsible for any charges associated with an issued permit which the entity fails to pay.

Permit Requestor Signature

Date

Print Name

NAME OF FACILITY/PLAYFIELD: _____

DAY(S) OF WEEK: _____

START DATE: _____

END DATE: _____

EVENT TIMES (ENTERING & LEAVING THE LOCATION): _____

AM/PM

to

AM/PM

TYPE OF PROGRAM:

Party/Meeting

School Event

Practice

TYPE OF ACTIVITY:

Baseball

Softball

Kickball

Football

Soccer

Tennis

Volleyball

(if applicable)

OF PEOPLE EXPECTED: _____

SPECIAL SERVICES REQUESTED: (bases, field lights, restroom access, field lining – additional fee required for most services. See the Outdoor Permit Rental Rate sheet for a full description of fees)

DESCRIPTION OF ACTIVITY: _____

FOR OFFICE USE ONLY (DEPARTMENT OF RECREATION AND COMMUNITY SERVICES)

Permit Application
APPROVED _____

Permit Application
DENIED _____

Permit requires
insurance: (Y/N) _____

MPS Supervisor
Signature & Date _____