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| SPECIAL USE PERMITOPEN SPACE DIVISIONParks & Recreation DepartmentCity of AlbuquerqueP.O. Box 1293, Albuquerque, NM 87103 | | | | | |
| **PERMIT NO.**  2024-15 | | | Date Issued: | | |
| **Facility:** Los Poblanos Fields Open Space | | | | | |
| **Area To Be Used:** | | | | | |
| *This permit will include with consultation from OSD Field Biologist and other staff* | | | | | |
| **Date of Use** | | FROM: | | TO: | |
| **Type of Activity/Event**: | | | | | |
| **Name of Organization:** | | | | | |
| **Name of Contact Person** |  | | | | |
| **Address** |  | | | | |
| **Telephone Numbers** | | Daytime |  | Cell |  |
| Keys Issued |  | Albuq. Phone |  | Return by |  |
| **RESTRICTIONS and CONDITIONS:**   1. **Keep a copy of this Special Use Permit in all vehicles at all use-locations at all times.** 2. **Stay on established trails at all times. Minimize trips in/out of area.** 3. **Keep access gate(s) closed and locked unless there is a person stationed there to monitor.** 4. **Comply with attached Open Space Division Rules and Regulations.** 5. **Collect and remove all event-generated trash and solid waste; do not use facility trash-cans.** 6. **For non-emergencies, contact 242-COPS; in case of emergency, call 911. For general information dial 311.** 7. **Permittee is responsible for providing requisite security and public notification, signage including City of Albuquerque recognized neighborhood associations and Home Owners Associations within ½ mile.** 8. **Proof of notification to be received by staff member processing the permit** 9. **No tents or canopies larger than 10’ x 10’.** 10. **All damage to Open Space property to be repaired by Permittee** *with approval of Division***.** 11. **No amplified sound (music or public address)** 12. **Failure to comply with restrictions may/will result in revocation of permit.** 13. **Damage deposit if applicable.** | | | | | |
|  | | | | | |
| Signature of Applicant | |  | | Date | |
| Signature of Open Space Official | | **review** | | Date | |

*Signature on behalf of Superintendent & Assistant Superintendent & indicates their review and approval*