



Suffolk County Department of Parks, Recreation & Conservation
 Mail Application to: P.O. Box 144, West Sayville, NY 11796
 Phone: 631-854-4949
 www.suffolkcountyny.gov/parks



APPLICATION FOR UNMANNED FLYING AIRCRAFT

PARK(S) Requested

DATE(S) Requested

Name of Applicant _____ Green Key Card # _____

Address _____ Zip Code _____

Primary Phone # _____ Alternate # _____ FAA# _____

Email _____

Arrival Time _____ A.M./P.M. Departure Time _____ A.M./P.M. (Parks Close at Dusk)

SPECIAL REQUESTS/COMMENTS: _____

This application is subject to the Terms and Conditions of the *Park Policy on Use of Unmanned Aerial Vehicles (UAV) in County Parks* and subsequent provisions and upon approval of this application by the Suffolk County Department of Parks. The County of Suffolk and/or the Suffolk County Department of Parks reserves the right to refuse your application request, or any portion thereof, for any reason. The applicant agrees the information provided above is accurate and acknowledges that he/she has read the rules as described in the attached *Park Policy on Use of Unmanned Aerial Vehicles (UAV) in County Parks* and the *Suffolk County Parks Rules and Regulations* and agrees to abide by said rules and payment schedules. The applicant agrees to indemnify and hold harmless the County of Suffolk, its officials, employees and agents from suits, actions, damages and cost of every nature and description resulting from the actions of the applicant. The applicant agrees to indemnify and hold harmless the County of Suffolk from any liability or action arising from any property owned by or in the care, custody and control of the applicant. My signature indicates that I make this application in good faith. I understand that upon approval in writing below by Suffolk County Department of Parks this agreement shall become binding and enforceable.

Applicant Signature _____ **Date** _____



Office Use Only
UNMANNED AERIAL VEHICLE (UAV) PERMIT

Name: _____ Green Key Card # _____

PARK APPROVED _____ DATE(S) APPROVED _____

AREA ASSIGNED _____

Payment Amount \$ _____ Cash _____ MO _____ Credit _____ Receipt # _____

SPECIAL INSTRUCTIONS _____

PARKS DEPARTMENT APPROVAL _____