



# CHECKLIST - SPECIAL USE REQUEST

ISABELLA COUNTY PARKS AND RECREATION  
 200 North Main Street, Mt. Pleasant, MI 48858  
 Phone: (989)772-0911 Ext. 340 • Fax: (989)779-9916  
 Email: parks@isabellacounty.org • Web: isabellacounty.org/parks

The following checklist is being provided to assist you with your Special Use Request for \_\_\_\_\_ County Park. Please return (via fax, mail or drop off) all checked items to the Parks Main Office. If you have any questions regarding any of these items please contact the Isabella County Parks Main Office at (989) 772-0911 ext. 340. Thank You!

- Special Event Form** (Pavilion/Campground/Park Areas)
- Special Park Use Agreement**
- Deposit/Cleaning Fee:** \_\_\_\_\_ \$50    \_\_\_\_\_ Other Amount: \_\_\_\_\_
- Insurance Requirements**
  - Proof of Insurance (see Special Park Use Agreement for details)
  - Isabella County named as insured party
  - Waiver of Liability to be provided naming Isabella County
- Gate Entrance Tally** - (Gate Attendant will count vehicles entering for event and a vehicle entrance fee will be billed to host group. In some cases an advance deposit may be required.)
- Letter of Request to Waive Fees** (include the following)
  - Letter on Organization letterhead, if applicable
  - Address to: Sue Ann Koptmeyer, Director  
Isabella County Parks & Recreation  
200 N. Main Street, Mt. Pleasant, MI 48858
  - Organization/Group Name
  - Request for discount and/or waiver of fees (facility fee and/or entrance fee)
  - Non-Profit Organization (501C3), school, etc.
  - Description/Purpose of Event/Educational Benefit/Youth Component
  - Event date and time
  - List any Special Requirements
  - Contact Person (include phone, fax or cell phone information)

\*Please note: Park fees may be waived for schools and non-profit organizations serving a youth development purpose. Waivers will only be granted if such use does not result in loss of revenues. All requests for waiver of park fees must be approved by the Director. If fees are waived, but a paying customer requests the same date/facility, then payment is required or facility will be given to paying customer.
- Other** \_\_\_\_\_

OFFICE USE ONLY	
Date Received _____	<input type="checkbox"/> Special Requests                      Additional Fees \$ _____
<input type="checkbox"/> Copy to Patron	_____
<input type="checkbox"/> Checklist Complete	_____
Staff Initials _____	_____