Division of Park and Forestry, State Park Service

Geocache Identification Form

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RESPONSIBLE PARTY'S NAME:				
Address, City, State	e, Zip			
Telephone (Home))	(Work)	Email	
The RESPONSIBLE PARTY desires to place a geocache at the following location(s) in:				
Park Area:				
Type of Cache:	Traditional	Multi-cache	Letterbox	Virtual
	Event/CITO	Mystery	Webcam	Other
CACHE NAME (required):				
CACHE LOCATION (describe placement, use the final site if multi-cache)				
LATITUDE: COUNTY:				
CACHE CONTAINER DESCRIPTION: (size, color, container description)				
CACHE CONTENTS: (at the time of placement)				
GEOCACHE WEBSITE ADDRESS:				
ADDITIONAL INSTRUCTIONS: (if needed)				
IF MULTICACHE, LIST ADDITIONAL SITE(S):				
Additional Material Being Submited for Review:				
Location map of site Topo map of site Picture of site Picture of cache/contents				
Other				
For Completion by State Park Service staff				
Reviewed by: Geoache submiss	sion is: Approved	Not App	proved Date	
Geocache Permit # Comments:				

IMPORTANT: This approval form needs to be completed and approved PRIOR to cache placement. Failure to do so could result in Summons from the State Park Police. We support the activity but we need your cooperation to protect our parks, trails, inhabitants and visitors.