

Application for Metal Detecting Permit

Applicant's Full Name:		Phone:
Current Address:		
City:	State:	Zip:
Driver License Number:	State:	Expiration Date:
Date Issued:		
Permit is valid from		through
Special Conditions and	d Restriction	S
	-	with a metal detecting device should be
conducted only with a ha	-	
•		nes and a diameter of six (6) inches.
		ed to original condition as much as possible. s will be removed from Willamalane property
or placed in a trash recep	-	
·		orehistoric or historic archaeological site or at
any human burial location		_
	_	ed in natural areas managed by Willamalane,
•		tural Area, Georgia - Pacific Natural Area,
	naeuser - McKen	zie Natural Area, and Eastgate Woodlands -
Whilamut Natural Area.		

Agreed: _____ Date: ____