

City of Clatskanie 75 S Nehalem St PO BOX 9 Clatskanie, OR 97016 Office: 503-728-2622 Fax: 503-728-3297

## **Scout Lake Access Permit Fire Season**

Name:	Address:		
Phone:	Drivers License:	License Plate:	
Vehicle Ma	ake/Model/Year/Color		
Car Insuran	nce company/Policy #:		
Number of	Persons in your Party		
Key #:	Key Deposit (\$20)		
Date Permi	t Issued:Date Permit Expires:	Date Key Returned:	
forfeiture o	der applicable laws should I violate these requirements. Vio of any and all deposits.  Additions for Use:	lation of any Rules and Regulations may result in the	
	re Season, the following items must be taken and rules obse	erved:	
1. 2.	Shovel carried in vehicle 1 Gallon of water or a 1/12 lb. Fire Extinguisher in vehic	ele	
	No Fires No ATV or motorcycles		
	No smoking outside of a vehicle		
	No chainsaw use No fireworks		
8.			
Signature o	of Applicant:	<u> </u>	
City Appro	oval by:		
L:\Commo	n\Scout Lake\Scout Lake Access Permit Fire Season 2019	Updated April 2019	