



**Potlatch Permit Request Form**

Applicant: Please fill out this form and return it to the following address:

**Potlatch Permits**

PO Box 229

Deary, ID 83823

Fax: 208-877-1106

**\*\*Please attach a map of the activity location**

**Permittee Name or Organization:**

**Group Profile: (describe your organization)**

Address:

Primary Contact Name:

Phone Number:

Fax Number:

Email:

Description of Activity:

Has this activity occurred on Potlatch land in the past?

If so, when?

Estimated Size of party:

Requested Dates:

Region: (Circle One)

St Maries

Palouse

Clearwater

Payette

Activity Location & Legal Description:

*For Potlatch use Only.*

Date:

Approved by:

Map Attached:

Insurance:

Acct Code:

Notes

**\*\*\*Please attach a map of the activity location\*\*\***