

Approved Date _____

Denied _____

Signed _____

CWD USE ONLY



Today's Date: _____

Cambridge Water Department Water Board's

Application for Permit for use of Reservoir Land

Applicant's Name: _____

Applicant's Address: _____

Telephone Number: _____

Fax: _____

Email: _____

Date (s) Requested: _____

Start Time: _____

End Time: _____

Number of People Anticipated: _____

Age Range of Group: _____

Purpose of Use: (See Rules and Regulations for activities that may be allowed)

Statement: (an affirmative statement that use will be made in accordance with the Rules and Regulations is required here; in addition please provide other data that may be essential).

Please be advised of the following:

Fund Raising activities are forbidden. The Water Board may require the posting of a bond, police protection, the provision of sanitary facilities or other protective measures that may be required to secure any damages. The Water Board requests that its Rules and Regulations be distributed to participants of permitted events.

Signature of Applicant's Representative

The City of Cambridge Water Department does not discriminate on the basis of disability. The Water Department will provide auxiliary aids and services, written materials in alternative formats and reasonable requests in policies and procedures to persons with disabilities upon request. For information ; contact the Water Department at 617 349-4770, fax: 617 349-4796, email: cwd@cambridgema.gov