Polly Ann Trail Other Power-Driven Mobility Device (OPDMD) Special Permit Application		
Date of Submission		
Applicant Name		
Address		
Phone		
Email		
Renewal Application?	YES	NO
If yes, Current Permit <u>#</u>		
Describe OPDMD to be used. Include make, model & license plate # if applicable.		
This application includes:	nt's driver's license or s	tate-issued photo identification card.
AND		
a copy of Applicant's state-issued disability parking placard/card/license or other state-issued proof of disability		
OR		
		ance that the use of an OPDMD is necessary because of ment Form on back side.)
PATMC meeting after receipt and permit if applicable will b one year from date of issue. L carried at all times while on t	. The PATMC reserves the mailed to the address list listers are responsible to responsible to responsible to response the trail using the approved the trail using the trail using the approved the trail using the trai	Council (PATMC). Applications will be reviewed at the next monthly ne right to deny permission for any reason. Notification of decision sted within 6 weeks of receipt of application. All Permits will expire eapply no less that 6 weeks before expiration date. Permits must be d OPDMD. The Trail Manager, Law Enforcement, and/or the DNR while on the trail or while user is leaving or approaching the trail.
Applicant's Signature		Date

Polly Ann Trail APPLICANT' STATEMENT OF NEED Other Power-Driven Mobility Device (OPDMD) Special Permit Application

Mail this application form and credible assurance of disability to:

Polly Ann Trail Management Council c/o Trail Manger PO Box 112 Leonard, MI 48367

Applicant may scan and send the completed application form and credible assurance of disability to:

manager@pollyanntrailway.org

For office use only:

Permit #

Date of Issue