MONROE PARKS AND RECREATION DEPARTMENT

WEBB MOUNTAIN CAMPING PERMIT REQUEST FORM 2025

To reserve a campsite please complete this form and email to parksandrec@monroect.gov along with a <u>legible</u> copy of your driver's license. This request is <u>not</u> your camping permit. Once the transaction is processed, your permit will be issued. Permits are only issued Monday-Friday with the Parks & Recreation office during normal business hours. Unfortunately, we cannot issue permits on weekends or holiday office closures. Please remember to bring a container for water to distinguish fire pit/grill. Well is located near entrance of park, well water is not potable. There is a limited supply of wood available when you visit.

List three campsites choices in order of preference. If your first choice is not available, we will assign accordingly.

Campsite Number(s): First choice _____   **Second choice** _____   **Third choice** _____

Camping Date(s) list nights sleeping at site: _____

Number of People camping: _____

Your Phone Number: _____**(Must be for the person we have the photo identification for)**

Your Email: _____**(Must be for the person we have the photo identification for)**

License Plate Number(s) of vehicles parked overnight (2 per site) 1._____   **2.**_____

<u>PAYMENT INFORMATION</u>

Cash (accepted at Parks and Rec office only and exact cash only): _____

Credit Card - Please fill in card information in the boxes below:

Please indicate if Master Card, Visa or Discover (we don't accept American Express) _____

Expiration Date

There are no refunds for camping dates not used or due inclement weather unless we close the facility.

CSC from back of card

Name as appears on card _____**(Must match the person who we had the photo Identification for)**

Billing address _____**(Must match the person who we had the photo Identification for)**

Is this a commercial/company credit card ☐**YES** ☐**NO. If yes, please provide company name**_____

By my signature, I authorize the Town of Monroe Parks and Recreation Department to charge above credit card

Name _____ **Date** _____

All of the above credit card information must be filled in properly for us to process credit card payment.