## **City of Gainesville**

## Parks, Recreation, and Cultural Affairs Department Research/Special Use Authorization Form

Applicant in	formation				
Name					
Address					
Email			Phone number		
Institution			Department		
Advisor information (if applicable)					
Name					
Address					
Email			Phone number		
Institution	Departm				
Project information					
Type of project (e.g. Masters' research, undergraduate class project, etc.)					
	eived or required (e.g. t				
	oject location	J3FVV3)			
Project start	-		Compl	etion date	
Names of assistants or cooperators (if applicable)					
What benef and Cultural		ovide to the City	of Gainesville a	nd the Departm	nent of Parks, Recreation,