



Washington Township Land Trust
of Morris County, Inc.
PO Box 4
Long Valley, NJ 07853-0004
Phone: (908) 876-5986
wtlandtrust@gmail.com

Washington Township Open Space Hunting Permit Application

THIS DOCUMENT IS AN APPLICATION TO ACQUIRE PERMISSION BY WASHINGTON TOWNSHIP LAND TRUST TO ENTER IDENTIFIED WASHINGTON TOWNSHIP PROPERTY LOCATIONS FOR THE LIMITED PURPOSE OF ARCHERY HUNTING FOR DEER DURING THE APPROVED 2022-23 DEER HUNTING SEASON, ON THE TERMS AND CONDITIONS PROVIDED HEREIN.

Annual Fees:

\$50 permit fee to Washington Twp Land Trust

\$30 permit fee to Washington Twp.

(the checks will not be cashed if you are not awarded the permit)

*****Must show receipt prior to receiving permit.**

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBERS: _____

CONSERVATION IDENTIFICATION NUMBER: _____

HUNTER LIABILITY INSURANCE POLICY: _____

Please attach a copy of your current year hunting license and a copy of your Policy, Declaration Page, or Certificate of Insurance and two checks, one check for the \$50 permit fee to WTLT and one check for the \$30 permit fee to Washington Twp.

By signing this application and in consideration of the rights provided hereunder, you:

1. acknowledge that Washington Twp nor Washington Township Land Trust make no representations regarding the condition or safety of its properties for purposes of hunting,



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2. agree to comply with the Washington Township Open Space General Deer Management Policy: 2022-23, posted signs on Washington Township Property, as well as Local, State and Federal regulations,

3. agree that you assume all risks associated with your presence and hunting activity on Washington Township property, and that neither Washington Twp nor the Washington Township Land Trust nor its members or Trustees is responsible for any personal injury or property damage resulting from your presence or activity, including hunting related accidents or injuries, and

4. agree that you will defend, indemnify and release Washington Twp and the Washington Township Land Trust, its members and trustees, from any and all claims, liabilities, damages or costs of whatever nature that may arise or be made in connection with your presence or activity on Washington Township property.

Please sign your Name _____

PLEASE RETURN THIS FORM, ALL COPIES AND YOUR COPY OF YOUR DECLARATION PAGE OR CERTIFICATE OF INSURANCE NAMING WASHINGTON TWP AND WASHINGTON TWP LAND TRUST AS AN ADDITIONAL INSURED TO:

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****** A form for the background check is included, which can either be sent to a secure, non-public, fax line at 973-372-6893 or dropped off at the Police Station at 1 East Springtown Road during business hours. Applications shall be deemed incomplete until said form is submitted and background check completed by the Washington Township Police Department.***

You will receive a notification via email if your application was approved or not.

FOR INTERNAL USE ONLY

Date Received: _____

Approved Properties: _____