



COVID-19 NONRECREATIONAL CAMPING ACCOMMODATION REQUEST

Park Name: _____ Today's Date: _____
 Applicant Name: _____ Check-in Date: _____
 Address: _____ Number of Nights Requested: _____
 City, State, Zip: _____ Number of People in Camping Unit: _____
 Phone: _____ Camping Unit Type: _____
 County of Residence: _____ Campsite Amenities Requested: _____
 Name of all other occupants on campsite: _____

Essential Work Function: _____ Name of Employer: _____
 If Other, please specify: _____
 Reason for Request: _____
 If Other, please specify: _____
 Work Location(s) by County and State: _____

Approval of this application will allow the Applicant the requested camping accommodations through April 30, 2020. The applicant shall assume full responsibility for compliance with all park rules, conditions, fees and charges and further agrees to pay any cost associated with damage to State of Iowa property, cleanup, or any other additional expense caused by the applicant. Failure to abide by any of these terms is grounds for termination of the request.

Special Considerations and Conditions:

1. Payment must be paid using cash/check and paid at the park using a self-registration envelope at check-in kiosk.
2. There are no modern or nonmodern restrooms or shower buildings available. Use your RV bathroom.
3. Wear gloves at the dump station. Dump stations, water hydrants and fire rings are not cleaned per CDC guidelines.
4. If you go outside, please practice social distancing at all times and use proper hygiene.
5. If you begin to exhibit symptoms such as cough, fever, or respiratory illness, please call the park office and local public health office as soon as possible to register this information.

Approved Denied

DNR Staff Name: _____

Campsite #: _____

Date: _____

Amount Due: _____

Staff Comments