



# TAYLOR PARK PICNIC AREA PERMIT REQUEST

ATTENTION: Customer Service Department

Permit Fees: Residents \$25; Non-residents \$40; Residents will need to show proof of residency when requested. Requests to use park space will be accepted only after April 1<sup>st</sup>. Please do not send or call in a request prior to April 1<sup>st</sup>. Questions concerning availability will be accepted starting April 2<sup>nd</sup>. We will only call you if there is a problem or a question regarding your request(s). If you do not receive a permit within a week of the original contact, please contact the main office at (708)383-0002.

**Inflatable activities, tents/canopies, amplified music, and alcohol are not allowed on the park grounds.**

Permits are issued on First Come, First Serve basis. Please mail, fax, or return this form to the Administrative Center on 218 Madison St. Please include a second request date and time in case the first choice is already permitted.

Do not expect a park without a permit. If your group shows up, does not have a permit and is in conflict with another permitted group, your group will be asked to leave.

Refunds are only given in the case of severe weather conditions. Dates and times can not be transferred once officially booked. All times are based on availability only.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 # of Children Attending (under 18) : \_\_\_\_\_ Email: \_\_\_\_\_  
 # of Adults Attending (18 and over): \_\_\_\_\_ Purpose: \_\_\_\_\_

	<b>1st Choice</b>	<b>2<sup>nd</sup> Choice</b>	<b>3<sup>rd</sup> Choice</b>	<b><u>Time Options</u></b>
Time Requested	_____	_____	_____	10 am to 3 pm <small>(available only on weekends and holidays)</small>
Date Requested	_____	_____	_____	4 pm to Dusk

<b>Credit Card</b>	<b>Number</b>	<b>Expiration Date</b>
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa	_____	____/____/____

*I authorize the Park District to charge my credit card for this registration.*

\_\_\_\_\_  
Cardholder's signature or authorized user

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**Office Use Only**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Reservation Number (RecTrac): \_\_\_\_\_ Receipt Sent to Applicant on: \_\_\_\_\_ By: \_\_\_\_\_

Return form with payment to Park District of Oak Park, 218 Madison St, OP, 60302  
Attn: Customer Service Department or Fax: (708) 383-5702