REQUEST FORM FOR VEHICULAR ACCESS

Permits are required for vehicular access beyond all gated areas in the Quabbin Reservation. Permits are granted to incorporated, non-profit, and certain other groups or individuals conveying appropriate need for such.

Vehicle numbers are limited to five cars and/or pickup trucks or two multi-passenger vans or one bus. Use of unpaved roads will be limited during those times of year when conditions make such roads unsuitable for travel. All permits may be suspended due to high forest fire danger. Access to critical wildlife areas will be limited during certain time periods. Group size may be limited by the Superintendent.

The Division encourages groups to utilize Quabbin Park for as many of their Quabbin trips as possible. The best vistas and wildlife observations spots exist in the Park along with picnic and toilet facilities.

Requests for vehicular access should be made in writing and should be received by Visitor Center staff at least three weeks prior to the proposed access date. Please return this form to the address listed above.

Please complete all information legibly.

NAME ______________________________________   STREET _____________________________________________________
CITY _______________________________________    STATE _________________________   ZIP ________________________
PHONE _____________________________________   AFFILIATION ________________________________________________

Date of access (include alternate date) ______________________________________________________________________

Time of arrival & departure _________________________    Purpose of trip  __________________________________________

Number of participants ______________________________   Number and type of vehicles _______________________________

Area of access (Gate #) _______________________________________________________________________________________

Itinerary (trip route) _________________________________________________________________________________________

I agree to comply with all DCR Rules & Regulations. I acknowledge my permit and privileges for use of the Quabbin Reservoir Watershed System may be revoked for Rules & Regulations violations.

Signature ______________________________________ Date ____________________________

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DCR USE ONLY

Request accepted ________     Restrictions: ______________________________________________________________________

Request denied for the following reason(s): ___________________________________________

__________________________________________________________________________________

DCR Signature __________________________________________________   Date ____________________________