

CITY OF GLADSTONE METAL DETECTING PERMIT



Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Driver's License or other ID#: _____ State of Issue: _____

I certify that I have read the City of Gladstone Metal Detecting Policy and agree to follow all rules, policies and/or applicable ordinances while operating in the City of Gladstone.

Signature

Date

For Office Use Only

Person Permit Issued To: _____

Date Issued: _____

Expiration Date: _____

Fee: _____

*Permit automatically expires one (1) year from issue date.

Kimberly Berry, City Clerk

Copies sent to:

Public Safety: _____

Parks & Recreation: _____

Copy of Driver's License/Picture ID Here