



# After Hours Commuting Permit Special Use Permit

Last Name

First Name

M.I.

Trail Used for Commuting

Address

City

State

Zip

Telephone

E-mail

\_\_\_\_\_ Please mail the permit to the address listed above.

\_\_\_\_\_ I would prefer to pick-up the permit at Wildwood Preserve, Metz Visitors Center

By signing, I agree to abide by all Ohio biking laws and Metropolitan Park District of Toledo rules pertaining to biking on Metropolitan Park District of Toledo trails. Failure to follow these rules may result in a loss of after hours commuting privileges.

Applicant Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Park Agent Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Return to: Customer Service Department, Metroparks, 5100 W. Central Avenue, Toledo, OH 43615  
or email [Jerri.Fink@Metroparkstoledo.com](mailto:Jerri.Fink@Metroparkstoledo.com). For more information call 419-407-9701.