

# APPLICATION FOR ALL-TERRAIN VEHICLE PERMIT

**TO: ERIE COUNTY DEPARTMENT OF PARKS, RECREATION & FORESTRY  
95 FRANKLIN ST, RM 1254  
BUFFALO, NY 14202  
(716) 858-8355**

The undersigned certifies that he or she is the owner of the following described all-terrain vehicle (ATV) and applies for a permit to use it on designated trails in Chestnut Ridge Park:

**ATV OWNER:** Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

*\*Please note, ATV use is only permitted on approved snowmobile federation trails at Chestnut Ridge Park during the times they are open. Please call 858-7037 for more information.*

**ATV DESCRIPTION:** Make & Model \_\_\_\_\_

Identification # \_\_\_\_\_

Color \_\_\_\_\_ # of Wheels \_\_\_\_\_

**ATV Insurance Company:** \_\_\_\_\_

Policy No. \_\_\_\_\_

Policy Period: from: \_\_\_\_\_ to: \_\_\_\_\_

I certify that the above described ATV is equipped in accordance with the requirements of Section 3.0 (3) of your Special Rule No.1 regulating the use of the ATV'S in Erie County Parks, and agree to operate said ATV and to supervise and control its operation in accordance with said rule and all other applicable laws, rules and regulations.

I agree to defend, indemnify and hold the County of Erie harmless from any liability because of injury to person or property arising out of the use of said ATV on park property and caused by reason of the negligent, wrongful or unlawful act of mine or of any person using said ATV under my control or supervision or with my actual or implied consent.

An insurance certificate signed by or on behalf of an insurance company authorized to do business in New York State accompanies this application. It indicates minimum liability

coverage of \$25,000/\$50,000 for bodily injury and \$10,000 for property damage (same as minimum snowmobile coverage required by Section 25.13 of the Parks, Recreation and Historical Preservation Law.)

\_\_\_\_\_  
**(Signature of owner)**

(STATE OF NEW YORK) (COUNTY OF ERIE) ss:

Date: \_\_\_\_\_

Before me came \_\_\_\_\_ to me known and known to me to be the individual described in, and who executed, the foregoing instrument, and acknowledged to me that he executed same.

\_\_\_\_\_  
**(Signature)**

NOTARY PUBLIC, STATE OF NEW YORK

QUALIFIED IN ERIE COUNTY

MY COMMISSION EXPIRES: \_\_\_\_\_

**INSURANCE CERTIFICATE & COPY OF REGISTRATION MUST ACCOMPANY THIS APPLICATION**