

**MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF STATE PARKS  
Official Geocaching/Letterboxing Placement Permit**

This permit is valid for **12 months** from the date approved. After that date, the cache must be moved and a new location permit issued or removed from the premises.

**Cache Owner Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Cache name as listed on Web site com: \_\_\_\_\_

Physical description of container \_\_\_\_\_  
\_\_\_ "Official Geocache"/"Official Letterbox" Label \_\_\_ Water resistant \_\_\_ Photograph attached

GPS location coordinates \_\_\_\_\_ WGS84 \_\_\_\_\_ NAD27 \_\_\_\_\_

**OR**

Descriptive clues to location (Letterbox) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Virtual cache \_\_\_\_\_ On-site cache \_\_\_\_\_ Offset Cache

\_\_\_\_\_ Multi-cache (5 max - list each location information on additional sheet)

\_\_\_\_\_ I understand that caches not in compliance with the terms of this permit will be removed from the property and this permit voided for failure to comply.

\_\_\_\_\_ I understand that I am to monitor this cache monthly and maintain it to be family friendly.

I have read and understand the terms of this permit and agree to comply accordingly. I will retain a copy of this permit for my records.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>APPROVED</b>	<b>DENIED</b>	_____ <b>Justification</b>
_____ <b>Facility Manager or Designee and Date</b>	_____ <b>Facility E-mail address</b>	
_____ <b>Permit Expires</b>		