



DOCUMENTATION OF SITE CONTROL

This information is requested by authority of Part 821, 1994 PA 451, as amended.

TRAIL SPONSOR (GRANT APPLICANT) INFORMATION						
Trail Sponsor (Organization Name)				Year	Local Trail Grant Number	
TRAIL SEGMENT*	NAME OF LAND OWNER	LENGTH IN MILES	TYPE OF CONTROL**	TERM	LEASE AMOUNT	

* Segment names must correlate with plat maps showing trail route included with application.
** O = owned by sponsor, L = lease, E = easement, W = written agreement

CERTIFICATION:
I hereby certify that the information provided above and attached is accurate. I understand that the site control is an application-eligibility requirement.

NAME (Printed/Typed) _____ TITLE _____
Trail Sponsor Representative

SIGNATURE _____ DATE _____

Email this completed Documentation of Site Control to Unit Contact:
MICHIGAN DEPARTMENT OF NATURAL RESOURCES / PARKS AND RECREATION UNIT CONTACT