



Public Health
Prevent. Promote. Protect.
Greene County

GREENE COUNTY PUBLIC HEALTH

360 Wilson Drive

Xenia, OH 45385

(937) 374-5600 Fax: (937) 374-5675

**APPLICATION FOR PERMISSION TO OPERATE
A RESIDENT CAMP OR DAY CAMP**

Name of Camp _____ Phone _____

Mailing Address _____

I / We _____

Hereby apply for permission to operate a camp in
Greene County

PLEASE CHECK TYPE OF CAMP

- | | |
|---|--|
| <input type="radio"/> Resident Camp | <input type="radio"/> Day Camp |
| <input type="radio"/> Primitive Resident Camp | <input type="radio"/> Primitive Day Camp |

PLEASE CHECK IF THE CAMP HAS:

- | | |
|---|---------------------------------------|
| <input type="radio"/> OEPA Water Supply | <input type="radio"/> OEPA Wastewater |
|---|---------------------------------------|

Camp Location _____

Contact Name _____ Phone _____

I agree to comply with applicable sections of rules 3701-25-01 to 3701-25-22, inclusive of the Ohio Administrative Code.

Applicant _____ Date _____

TO BE COMPLETED BY THE HEALTH DEPARTMENT

Written Authorization given _____

Authorization number _____

Sanitarian _____