

**New Jersey Division of Park and Forestry, State Park Service
Geocache Identification Form**

RESPONSIBLE PARTY'S NAME: _____

Address, City, State, Zip _____

Telephone (Home) _____ (Work) _____ Email _____

The RESPONSIBLE PARTY desires to place a geocache at the following location(s) in:

Park Area: _____ Date: _____

(Mail to park office where cache will be placed. Addresses can be found on our website: njparksandforests.org)

Type of Cache: Traditional Multi-cache Letterbox Virtual
 Event/CITO Mystery Webcam Other

CACHE NAME (required): _____

CACHE LOCATION (describe placement, use the final site if multi-cache) _____

LATITUDE: _____ LONGITUDE: _____ COUNTY: _____

CACHE CONTAINER DESCRIPTION: (size, color, container description) _____

CACHE CONTENTS: (at the time of placement) _____

GEOCACHE WEBSITE ADDRESS: _____

ADDITIONAL INSTRUCTIONS: (if needed) _____

IF MULTICACHE, LIST ADDITIONAL SITE(S): _____

Additional Material Being Submitted for Review:

- Location map of site Topo map of site Picture of site Picture of cache/contents
 Other

For Completion by State Park Service staff

Reviewed by: _____

Geocache submission is: Approved Not Approved Date _____

Geocache Permit # _____ Comments: _____

IMPORTANT: This approval form needs to be completed and approved PRIOR to cache placement. Failure to do so could result in Summons from the State Park Police. We support the activity but we need your cooperation to protect our parks, trails, inhabitants and visitors.