

# Oregon Recreation Trail - Designation Proposal Form



## Submit Proposal to:

State Trails Coordinator  
 Oregon Parks and Recreation Department  
 725 Summer St. NE Salem OR 97301  
[rocky.houston@state.or.us](mailto:rocky.houston@state.or.us)  
 503-986-0750

## Proposals Accepted:

**October 1<sup>st</sup> - November 30<sup>th</sup>**

**Instructions:** Please complete this form in its entirety. Once completed, attach all necessary documents and submit the proposal as stated above. Please contact Coordinator with any questions you may have with this proposal.

Proponent:		
Primary Contact Name and Title:		
Telephone:	Fax:	Email:
Secondary Contact Name and Title:		
Telephone:	Fax:	Email:
Address:		Fed ID #
City:	State:	Zip:
<b>Trail Termini:</b>	U.S. Congressional District:	
County(ies):	Oregon Legislative Districts: (H) (S)	
USGS Quad _____ Township _____	Range _____ Section _____	



## Land Manager Approval

Land Manager Approval must be submitted by each of the jurisdictional agencies and attached to this Application to ensure all affected land managers are aware of the proposal. Land Managers may have additional requirements Proponent will need to address prior to submitting the Application.

Land Manager	Contact	Phone

## Certification

I certify that I have reviewed and understand the proposal process, the trail management plan development process and the responsibilities of a proponent group. I certify that I will comply with the Oregon Revised Statute(s) and Oregon Administrative Rule(s) governing Oregon Recreation Trails, Public Meetings and Public Hearings.

**Proponent Signature:**

**Print Name:**

**Proponent Signature:**

**Print Name:**

