

MEDICINE BOW NATIONAL FOREST

LETTER OF INTENT
Gold Panning and Dredging Activities

NAME: _____
(please print)

ADDRESS: _____

CITY/STATE/ZIP _____

TELEPHONE _____
(including area code)

CLAIM OR AREA _____
TO BE WORKED _____

TIME OF OPERATION From _____ to _____
(when you will be there) (date) (date)

Note: Operating season on the Medicine Bow National Forest is between July 01 and September 10 - for protection of trout spawning habitat.

TYPE OF EQUIPMENT USED _____

Note: _____
State of Wyoming DEQ Guideline #19 is still applicable.

WHERE WILL YOU BE _____
STAYING OR CAMPING AT _____

TYPE OF VEHICLE(s) _____
And LICENSE NUMBER _____

SIGNATURE _____

DATE _____

Submit to Laramie Ranger District
2468 Jackson Street
Laramie, WY 82070