# Property Owner Permissions Form

[*Name of Property Owner*] [*Address of Property*]

Dear [*Property Owner*],

This is a request for permission for the University of Wisconsin-Madison (UW) to use Unmanned Aircraft Systems (UAS) over your property for the purpose of [*provide brief description of purpose of flight*] on [*dates and times of anticipated flights*]. In connection with flying the UAS, the person operating the UAS and other individuals participating in the UAS flight request permission to enter your property to facilitate the safe operation of the UAS, subject to any limits or conditions you feel are appropriate.

The UAS operator may want to use the UAS to take images or collect data for research or educational purposes. Your signature at the bottom of this form grants the participating individuals access to your property and encompassing airspace for those purposes. The UW commits that this operation will be conducted in full compliance with federal, state and local laws and regulations, and the UW is insured against damages to persons or property arising from the flight in the unlikely event they occur.

Thank you for your consideration.

[*Name and UW affiliation of person submitting request*] \_

[*UW E-mail and phone number*]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization to Conduct UAS Operations**

By signing my name below, I hereby authorize the University of Wisconsin – Madison (UW)

and its faculty, staff, students and affiliates to conduct UAS flights over my property for the purpose and at the dates and times indicated above, and grant the UW all necessary rights to use the information collected during the flight for non-commercial research, education and/or outreach purposes.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

Special conditions for use of property (if any): \_