



# EVENT REQUEST

## APPLICANT

Name \_\_\_\_\_ and/or

Organization \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Request \_\_\_\_\_ (Requests **must** be submitted no less than 7 days in advance of event.)

Date of Event \_\_\_\_\_ Time from \_\_\_\_\_ to \_\_\_\_\_

## CONTACT INFORMATION

Name of group/organization/individual \_\_\_\_\_

Emergency Contact \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## EVENT

Details of the event (attach diagram of street closure)

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**PARTICIPATION, ATTENDANCE, SUPERVISION**

How many people are expected to participate in or otherwise attend each event/activity that is to be covered by the Agreement/Permit? (Differentiate by activity/date as necessary.)

ACTIVITY	DATE(S)	EXPECTED NUMBER OF PARTICIPANTS	EXPECTED NUMBER OF SPECTATORS
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What does the User/Applicant plan for:

Restroom Facilities: \_\_\_\_\_

Trash Clean Up: \_\_\_\_\_

Parking: \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For the City:**

City Administrator _____	Date _____
Public Works Director _____	Date _____
Police Chief _____	Date _____