

SPECIAL EVENT APPLICATION

THIS APPLICATION IS FOR PUBLIC EVENTS ONLY					
I WANT TO USE (CHECK ALL THAT APPLY)					
Park <input type="checkbox"/>		Sidewalk <input type="checkbox"/>		Road <input type="checkbox"/>	
APPLICANT INFORMATION					
Name:					
Daytime Phone:			Event Day Phone:		
Address:			Email:		
City:		State:		ZIP Code:	
Alternate Contact Name:					
Phone:			Email:		
BILLING INFORMATION (if different from above)					
Name:					
Daytime Phone:			Event Day Phone:		
Current Address:			Email:		
City:		State:		ZIP Code:	
PLEASE PROVIDE THE FOLLOWING DETAILS FOR YOUR EVENT					
Event Name:					
Presenting Organization:					
City Property Requested:			Day and Date(s):		
Time	Set-Up:	Event Start:	Event End:	Clean Up:	
Start/end location, with attached course route/map (if applicable):				Road Closures:	
Estimated Number of Participants:					
PLEASE DESCRIBE YOUR PROPOSED EVENT BELOW. ATTACH ADDITIONAL PAGES IF NECESSARY					