

SPECIAL EVENTS AUTHORIZATION FORM

PLEASE PROVIDE THE FOLLOWING INFORMATION IN DETAIL AS IT RELATES TO YOUR EVENT

To: Neil K. Melick, CBO
Director of Construction Services

From: (Applicant Name Please Print) _____ Signature _____
Phone () _____ Fax () _____ Cell () _____
E-mail _____

Subject: SPECIAL EVENT

of Tent(s) _____ # of Stage(s) _____ Perimeter Fencing? Yes No
Alcohol? Yes No Music? Yes No

PLEASE DESCRIBE YOUR EVENT WITH SPECIFIC DETAILS

Where: _____

Event Date: _____

Event Time: Start _____ Stop _____

Set-Up Date: _____ Contractor Name _____ Phone # _____

Breakdown Date: _____ Contractor Name _____ Phone # _____

Approved _____ Disapproved _____

Mayor or Designee

NOTE: This memo shall be posted in a conspicuous location for the specified event noted.