



SPECIAL EVENTS APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> Parade
<input type="checkbox"/> Bicycle Race
<input type="checkbox"/> Street Closure
<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Park Facility
<input type="checkbox"/> Right of Ways
<small>(Not for construction work in right of way)</small> | <input type="checkbox"/> March or Walk
<input type="checkbox"/> Block Party
<input type="checkbox"/> Foot Race (5K's)
<input type="checkbox"/> Parking Spaces on street
<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Other _____ |
|---|--|

*All applications for special events must be submitted not less than 14 days prior to the event.
All block parties must be concluded by dusk and no alcohol is permitted in the street right-of-way or street*

PLEASE PRINT CLEARLY:

Name of Organization: _____

Organization/Event Representative/Contact: _____

Applicant's Street Address: _____

City, State and Zip Code: _____

Applicant's Telephone Number: _____

Applicant's E-mail Address: _____

Organization's Telephone Number: _____

Organization's E-mail Address: _____

Non Profit Number or Tax ID Number: _____

Date (s) of Event: _____

Time of street closure: Start time: _____ End time: _____

Time of Event: Start time: _____ End time: _____

Approximate Number of Participants: _____

