



Special Event Application for Park Facilities, Streets, Parking Lots and Right of Ways Fee Schedule

Please Print Clearly:

Name of Organization: _____

Non Profit Number or Tax ID Number: _____

Organization/Event Representative/Contact: _____

Organizational Category: **A B C D E F**

Mailing Address (No PO Boxes please): _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____ (C): _____

Email Address: _____@_____

Street(s) to be closed **include map** if necessary: _____

Date(s): _____ Day(s): _____ Hour(s): _____

Detailed Description/Purpose of Your Event: _____

List of Requested/Required City Services: (cost to be determined by city)

Traffic Control _____ # of officers at a cost of \$ _____/hr = _____

_____ # of cruisers at a cost of \$ _____ = _____

_____ # of other staff @ a cost of \$ _____/hr = _____

Fire Prevention/EMT _____ # of staff @ a cost of \$ _____/hr = _____

Trash Removal _____ # of staff at a cost of \$ _____/hr = _____

Street Barricades _____ # of staff at a cost of \$ _____/hr = _____

Water Hydrant Meter _____ # of cubic feet at a cost of \$ _____/cu = _____

Please give location where hydrant meter is requested. _____

(ex. corner of 5th and Main)

Total cost estimated \$ _____