Community Events Request Application

Organization:
Organization Address:
(Phone)
Organization Contact Person: Contact Address:
(Phone)
Organization Contact Person (2)
(Phone)
Event type: (Parade, 5K run, etc.) * If the event type is multiple days please detail different events in other information section
Date of Event: Times of Event:
Duration of Event: (one day, several days):
Special Needs: (ie. Barricades, traffic control, No parking signs)
Other Information:
If the event is a parade or a 5K run or something utilizing several streets in the Village you must attach a route and affected streets.
Date Received:

Office Use Only:		
Receipt of 1 Million	Dollar Insurance Certificate:	
Receipt of Hold Harr	mless Agreement:	
Supervisor of Public	Works: Date Rec'd:	
Questions or Commo	ents:	
Chief of Fire Departs Questions or Commo	ment: Date Rec'd:ents:	
Police: Date Rec'd: Questions or Commo	ents:	
Emergency Respons	e Team Meeting: Yes No	
Date of Village of D	eposit Board Review:	
Approved	Not Approved	