

# EVENT ROUTE REQUEST

City Ordinance 12-4-1

Date of Application: \_\_\_\_\_ Proposed Date of Event: \_\_\_\_\_

Name and Address of Applicant/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

## CONTACT INFORMATION

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Secondary Point of Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Organization to Whom The Permit Will be Issued: \_\_\_\_\_

Total Number of Event Elements (be specific): \_\_\_\_\_

Walkers/Runners: \_\_\_\_\_ Cars: \_\_\_\_\_ Floats: \_\_\_\_\_ Marching Bands: \_\_\_\_\_ Other: \_\_\_\_\_

## SPECIFIC ROUTE INFORMATION

PLEASE USE A SEPARATE SHEET OF PAPER TO SHOW THE ENTIRE ROUTE/AREA OF THE EVENT TO INCLUDE THE FORMATION AND DISPERSAL AREAS

Formation Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ Expected End Time: \_\_\_\_\_

Amount of Roadway Used By The Event:  Entire Roadway  Half of Roadway  Less Than Half

## APPLICANT COMMENTS

Applicant Signature: \_\_\_\_\_

## PERMIT INFORMATION

Permit Number: \_\_\_\_\_ Issued By: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

### FOR INTERNAL USE ONLY

External Coordination Required:  Yes  No

Operations Plan Required:  Yes  No

Comments