

SPECIAL EVENT REQUEST

Type of Request _____

Organization _____

Address _____

Name/Phone Number Contact Person _____

Date/Time (starting-ending) _____

No. of Participants _____

Insurance Coverage _____

Proof of Insurance Required

Event Route: Please mark route on attached map

Special Requests: _____

FOR OFFICE USE ONLY

Approved by Council _____ Cost to Borough _____

Public Safety Costs _____ Public Works Costs: _____

