

Public Facilities Use Application

Date: _____

Parade March Celebration Other _____

Applicant Information: (Please Print) Organization Name, Address and Phone	Contact Person Information: (Please Print) Name, Address, Phone, DOB, and drivers license number (please provide a copy of your current drivers license)
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Title/Purpose of Parade:

Activities Scheduled:

Impact to Business/Residents:

Start Date: _____ Start Time: _____
End Date: _____ End Time: _____ Duration: _____

Parade Route (please attach map for parade routes and note barricades):

**Please provide a signed acknowledgement from all residents and businesses that will be blocked due to any barricades.*

Office Use:

Approved: Police Fire Public Works

Resolution Number _____ Resolution Date _____