

## **Special Events Permit Request**

Please complete the following. You must complete a separate form for each event if you are requesting multiple events.

Name	
Address	
Contact No	
Date of Event	Time of Event
Attendance	Will you need Emergency Services?
Streets Involved	
Description of Event	

Sei	rvices of the Town of Franklinton Requested:		
	□ Police □ Traffic security □ Street closures (Hours:) □ Electricity (Town-owned receptacles only)		
1.	This request form must be submitted at least two weeks prior to the event.		
2.	. Requestor may be required to pay expenses incurred by the Town of Franklinton, including but not limited to emergency services personnel.		
3.	Requestor is required to leave the area permitted by this request clean and in the same condition or better as prior to the event including but not limited to removal of all personal property and debris caused by the event.		
	Town Use Only		
Da	te Submitted		
Re	ceived by		
Re	viewed by		
Ap	Approved by Town Manager Denied by Town Manager		
If o	denied, reason		
Special conditions			
DC	OT contacted for road closure		
	Residents notified in the event area		
	ard of Commissioners notified		