Department of Public Works Event Request Form

Name of Event:_____

Date:___/___/___   Day _____   Times: Start _____ Finish_____

Set up Time: _____   Break-down Time: _____

Who is running the event:_____ Phone: (___) ___-_____

Where is the event:_____

What extras are needed?

Lights : Y /N What kind of lights: _____ Generator: Y/N

Tables: Y/N   How many?: _____   Chairs: Y/N   How many?: _____

Port-a-johns: Y/N How many?: _____   Garbage cans? Y/N How many___

Stage: Y/N Were does it go?_____

Barricades: Y/N How many _____

Where do they go: _____/_____

Was PD notified? Y/N _____

Anything extra?:_____

_____

Drawing of set up