**TUMWATER POLICE DEPARTMENT**

**SPECIAL EVENTS PERMIT**

Instructions:

1. Provide all applicable information
2. Attach a map of the route
3. Attach the event traffic control plan
4. Identify any specific services you may be requesting from the City. \*Please be aware that you may be charged for services requested from various departments (i.e., traffic control, setting up cones, etc.)

**EVENT:**

**DATE OF EVENT:**

**TIME OF EVENT:**

**ESTIMATED NUMBER OF PARTICIPANTS:**

**LOCATION OR ROUTE TO BE USED:**

**REQUEST FOR TRAFFIC CONTROL OR STREET BLOCKAGE:** **[ ]** Yes [ ]  No

If yes, explain:

**COORDINATOR OF EVENT:**

**ADDRESS & PHONE NUMBER:**

**APPLICANT’S NAME:**

**ADDRESS & PHONE NUMBER:**

**SPONSOR OF EVENT:**

**APPLICATION DATE:**      **APPLICANT SIGNATURE:**

***ALL INFORMATION MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE DATE OF THE EVENT. FAILURE TO FOLLOW THE ABOVE INSTRUCTIONS COULD RESULT IN A DENIAL OF THE USE OF TUMWATER STREETS AND/OR SERVICES.***

***DEPARTMENT USE ONLY:***

Permit Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Risk Manager Approval: [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Works Director Approval: [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Chief Approval: [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Works Notified: [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_

Additional Costs Notification: [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_

Billing Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Coordinator Notified [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_

of Approval or Denial:

 [ ]  Phone [ ]  E-mail [ ]  Mail [ ]  In-person