

Special Events Request Form

Title of Event _____	Date of Event _____
Location of Event _____	Time of Event _____
Description of Event _____	

Sponsor _____
Mailing Address _____
Phone _____
Vendor _____
Mailing Address _____
Phone _____
Contact Person (on site during event) _____
Phone (cell, preferably) _____
Liability Insurance Information: (if applicable)
Insurance Provider _____
Policy Number _____ Contact Phone Number _____
(Attach Proof of Insurance)

Please inform us on your measures to handle the following, if needing assistance of Town services if any, please indicate below:	
Anticipated Draw: _____	Restroom Facilities _____
Trash Arrangements: _____	
Parking: _____	
Lighting Arrangements (if in evening) _____	
Traffic Control _____	
Emergency Services (first aid) _____	
Signage Proposed (including off site) _____	

*Please be advised that there may be a cost associated with the use of town services	

Applicant Signature

Date

Acknowledgment Signatures:	
_____ Town of Denton Police Department (Sign and date)	_____ Town of Denton Public Works (Sign and date)
If Town of Denton services are requested please indicate estimated cost of services	
\$ _____	\$ _____