Request to use City of Weiser owned Parks, Facilities, Street Right-Of-Ways, and Traffic Control Devices

Project/Event:	_Location:
Organization: Date(s) & Times:	
Contact Person:Phon	ne:Fax:
Email Address:	
Detailed Narrative of what is requested that the City of Weiser provides:	
Detailed list of materials requested to be used for the event:	
Who is responsible for the pickup and return of items to the City of Weiser?	
Name:	Phone:
Name:	Phone:
Who is responsible for payment for damaged or stolen items belonging to the City of Weiser?	
Name: A	ddress:
City: State:	Zip: Phone:
Are catering permits required for this event? Food &	Beverage: YES NO Alcohol: YES NO
Have the required permits been obtained? YES	NO
Does this event require City Council approval? YES	NO
If "YES", has the event been presented and approve	ed? YES NO
For events that require use or temporary closure of City right-of-ways please attach a detailed map.	
Signatures of Mayor and Staff:	
Parks, Grounds, & Streets:	
Police:	_ Fire:
Public Works:	_ City Clerk:
Mayor:	Date Approved://