



# POLICE DEPARTMENT

260.925.1500 phone | 260.925.8217 fax | PO Box 506, Auburn, IN 46706 | police@ci.auburn.in.us

## EVENT REQUEST

### Requesting Party:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Date Submitted \_\_\_\_\_

### Event Information:

Date/s of Event \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Name of business, group or organization that is affiliated with the event: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

### City Services Needed or Requested:

Police  Fire  Street  Water  Electric  Other

Explain in detail what services are needed: \_\_\_\_\_

### Specific Event Information

Yes  No Does the event include the need to close streets or public areas?

Explain: \_\_\_\_\_

Yes  No Will the event require the placement of a tent or temporary structure?

Explain: \_\_\_\_\_

Yes  No Will the event include a parade?

Explain Parade Route: \_\_\_\_\_

Yes  No Will any items sold during the event?

Yes  No Will Alcohol be served?

Yes  No Will Alcohol be sold?





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Yes  No Do you have the proper permit to serve or sell alcohol?

Yes  No Will food be served?

Yes  No Will food be sold?

Yes  No Are proceeds from event benefiting a non for profit organization?

Explain: \_\_\_\_\_

Yes  No Will there be any other type of entertainment?

Explain: \_\_\_\_\_

Yes  No Will the entertainment be broadcast outside?

Yes  No Will the entertainment or event affect a residential area?

Yes  No Have all affected residents been contacted?

Yes  No Are there any residents who oppose the event?

Yes  No Have arrangements been made for clean up at the conclusion of the event?