



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?

I, _____, have spoken with surrounding business owners and residents, with no objections to this request.