



Public Works Department Request Form (Exhibit C)

Attachment to the Community Activity Grant Application/SEP Process

Fiscal Year: 2016-2017

Date Application submitted: _____

SECTION 1 – GENERAL INFORMATION

Name of Applicant / Organization _____

Mailing Address: _____

Phone Number: _____

Contact: _____

Name _____ Phone Number _____

E-mail address _____

Applicant Signature: _____ Title: _____

SECTION 2 – EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Date: _____ Event Time: _____

Estimated Event Attendance Number: _____

SECTION 3 – PUBLIC WORKS SERVICES REQUESTED

Number of Public Works Staff Requested: _____

Equipment Rentals and Quantity Requested:

Cones _____ Delineators _____ Street Closures _____ Signage _____

Dates Requested: _____ **Times** Requested: _____

Projected Staff Time Expense: \$ _____ Equipment Expense: \$ _____

Additional Information: _____

TO BE COMPLETED BY PUBLIC WORKS DEPARTMENT

Reviewed by:

Signature: _____ Title: _____ Date _____

Total Cost for In-Kind Request: _____