



CITY OF TERRELL, TEXAS SPECIAL EVENT APPLICATION FORM

DATE OF REQUEST: _____ DATE OF EVENT: _____

TIMETABLE FOR EVENT: _____

NATURE OF EVENT: _____

LOCATION OF EVENT: _____

APPLICANT INFORMATION

PRIMARY CONTACT: _____

ADDRESS: _____

TELEPHONE: H) _____ W) _____ OTHER _____

SECONDARY CONTACT: _____

TELEPHONE: H) _____ W) _____ OTHER _____

DEPARTMENTAL ROUTING

CONDITIONS FOR APPROVAL: _____

DATE: _____

SIGNATURES

Police

Fire

Public Works

City Manager*

DISAPPROVAL _____

DATE: _____

DEPT.: _____

PHONE: _____

*When all necessary approval has been obtained, the last department to sign off shall make distribution to the above departments