



EVENT REQUEST FORM



Date of Request: _____

Name of the Event: _____

Type of Event: _____

Date of the Event: _____

Requested Location: _____

Name of your contact people: (Main Coordinator & Area of Responsibility)

- 1. Name: _____ Phone # _____ Email: _____
- 2. Name: _____ Phone # _____ Email: _____
- 3. Name: _____ Phone # _____ Email: _____
- 4. Name: _____ Phone # _____ Email: _____



2 WEEKS MINIMUM NOTICE

Items and/or services requested to be provided by the City of Grand Forks. Please ensure that **ALL** items requested **ARE RETURNED** to the same place as delivery. If alternative return arrangements need to be made, please ensure that the contact persons have given prior approval.

If your event involves a Road Closure, do you require instruction on how to use road cones, barricades and traffic control vests? _____ If instruction is required, please contact Hal Wright at 250-442-8266 at least two weeks in advance prior to your event.

ITEMS	QUANTITY	RETURNED	SERVICES		
Bleachers			Electrical Services	Yes	No
Barricades			Washroom Services	Yes	No
Picnic Tables			Grass Cutting	Yes	No
Garbage Cans			Irrigation OFF	Dates	Time
Traffic Control Vests					
Traffic Cones					

OTHER COMMENTS OR REQUIREMENTS NOT LISTED ABOVE

Contact Person for the City of Grand Forks:

Hal Wright

City of Grand Forks 442-8266

Requests will be handled on a 1st come 1st serve basis

All requests and or information shall go through the above contact person.

Deliver or Fax (442-8000) this completed form to City Hall

In a case where your event involves a road closure the coordinating person must contact all of the **EMERGENCY SERVICES** listed below and provide them with all of the **EVENT INFORMATION**.

- Police 442-8288
- Fire 442-8266
- Ambulance 442-2022

Date Approved _____
 Approved By _____