



PERMIT REQUEST

Type of Permit: _____

Rental #: _____

*NOT VALID FOR ALCOHOL PERMIT REQUEST

Applicant:	Name of Event:
Address:	
Contact Email:	
Contact Day of Event:	
Contact Cell Day of Event:	
Contact Phone:	
Activity Date(s):	Start Time: _____ Event Time: _____ End Time: _____
# of Participants:	Park, Facility or Location:
Describe the activity or event, including route, location of street closure, cross streets, neighborhood, direction, landmarks, anything that will assist us in understanding and processing your request. Please describe what type of amplified sound to be used.	

Minimum of two (2) weeks' notice required for permit processing. All city, county and federal laws and ordinances must be followed. Copy of approved permit must be available for inspection at event or activity. Emergency vehicle access must be maintained at all times.

- **Any temporary directional pavement markings needed shall be made with temporary tape and not paint.**
- **The City of Albany has the right to revoke this permit at anytime.**

I attest that I have reviewed the applicable codes and will abide by all applicable rules and regulations.

Signature

Printed Name

Date

Received by

Approval

<input type="checkbox"/> APD	<input type="checkbox"/> AFD	<input type="checkbox"/> Traffic	<input type="checkbox"/> Other _____	<i>Final Approval</i> _____
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