



# Town of Inlet Police Department

R.W. Johnston, Chief of Police



## Special Event Request Form

**Requests should be submitted at least 30 days in advance**

Organization \_\_\_\_\_ Non-Profit? Y \_\_\_ N \_\_\_

Name of Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time(s) of Event \_\_\_\_\_

Location \_\_\_\_\_ Participants # \_\_\_\_\_ Spectators# \_\_\_\_\_

Road closures or traffic management required? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, attach narrative sheet explaining details and personnel assigned or provided)

Traffic cones, detour signs, or electronic message signs required? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, attach narrative sheet explaining the details and who will be placing the devices)

Have all necessary permits been obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, from whom?)

Issuing authority: \_\_\_\_\_ Date Recv'd: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Issuing authority: \_\_\_\_\_ Date Recv'd: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Support: Ambulance \_\_\_\_\_ Fire Dept. \_\_\_\_\_ Marine Patrol \_\_\_\_\_ DPW \_\_\_\_\_ Highway Dept. \_\_\_\_\_

### Organizer's Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Day of event contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Received by: \_\_\_\_\_ Date Recv'd: \_\_\_\_\_

Approved by: \_\_\_\_\_ police administrator

### **Town of Inlet Police Department**

160 State Route 28

PO Box 707

Inlet, NY 13360

Administration: (315) 357-5091

Dispatch: (315) 357-6699

FAX: (315) 357-6266