

TRENTON MUNICIPAL UTILITIES
FESTIVAL / EVENT ASSISTANCE CHECK LIST AND REQUEST FORM
(Please complete at your earliest convenience to allow enough time to consider request.)

Name of Organization: _____ Date of Request: _____

Type of Organization: _____ Circle One: Non-Profit / For Profit

*Primary Contact Person: _____ Best Time to Contact: _____

Primary Phone Number: _____ Cell Phone: _____ Fax: _____

Other Phone Number: _____ Email: _____

*Secondary Contact Person: _____ Best Time to Contact: _____

Primary Phone Number: _____ Cell Phone: _____ Fax: _____

Other Phone Number: _____ Email: _____

Project Description: _____

Description of assistance being requested (i.e. type of labor, equipment, tools, etc)

Estimated duration of assistance: _____

Date and time assistance will be needed: Start Date / Time: _____ / _____ a.m./p.m.

How often will this event occur? (i.e. annually, monthly, etc) _____

Have you sought other assistance to complete this work and have not been able to obtain such assistance?

() Yes () No

Please describe why you were unable to obtain other assistance to complete the work requested:

ANY ADDITIONAL COMMENTS: (Separate sheet of paper can be used)

All requested assistance is subject to approval and any applicable charges. Please confirm approval prior to the event.

OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

ROUTED TO: _____

() APPROVED () DENIED _____ DATE: _____

Signature

COMMENTS: _____
