

CITY OF TRENTON
FESTIVAL / EVENT ASSISTANCE CHECK LIST AND REQUEST FORM

Requesting use or closure of (Check one): Park Street Other

Date Requesting: _____ Name of Event/Festival/Activity: _____

Start Date/Time: _____ a.m. / p.m. End Date/Time : _____ a.m. / p.m.

Location of Activity: _____

*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: _____

Event Description: _____

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

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

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

*If street closings are being requested, please submit a map of area and streets needing closed

*Any unreturned or damaged street cones will result in a \$30.00 charge to your organization

* Depending on the size and nature of the event, proof of insurance may be required

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: _____ **INSURANCE REQUIRED:** Yes No

() APPROVED () DENIED _____ **DATE:** _____

Signature

COMMENTS: _____
