

ARCADIA MANAGEMENT COUNCIL

ACTIVITY/SPECIAL USE PERMIT

ORGANIZATION:

NAME:

ADDRESS:

TELEPHONE # Home: Work:

Fax:

ACTIVITY DATE (S) Times: hrs.

NUMBER OF PARTICIPANTS:

NUMBER OF SPECTATORS:

LOCATION:

DESCRIPTION OF ACTIVITY/EVENT:

APPROVED:

DATE:

COMMENTS:

In case of an emergency call DEM/ Enforcement @ 222-3070.

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PLEASE HAVE PERMIT IN YOUR POSSESSION DURING ACTIVITY/EVENT