FORM #

SPECIAL EVENT APPLICATION APPROVAL

Applicant: _____

Date of Event: _____

Approvals Requested:

☐ Street Closure ☐ City Parking Lot(s) ☐ City Park(s)

☐ Other_____

_____

_____

OUTSIDE AGENCY APPROVALS: (The City of Idaho Springs will be responsible for obtaining agency approvals)

Fire Authority (acknowledging the event, listing any special issues) **303-567-4739**

_____

Kelly Babeon Date

Clear Creek Ambulance (acknowledging the event, listing any special issues) **303-567-4710**

_____

Nicolena Johnson Date

CITY APPROVALS

_____

Police Chief Date

_____

Public Works Director Date