

[SPECIAL EVENT]

Montrose Borough

Name of Event: _____

Date: _____ Time: _____

Organization: _____

Contact Name: _____

Phone No. _____ Email: _____

Location: _____

Is the event for a benefit (description) _____

Are you requesting any of the following?

Temporary Road Closure: _____

(If requesting temporary road closure please supply a map of roads to be closed, and indicate partially closed or fully closed and length of time road to be closed)

Fire Police: _____

(If requesting Fire Police to assist with crowd control or crossing roads please indicate ALL areas you would need assistance on

the borough map. A brief description of what your needs would be indicated below.)

This form needs to be filled out and turned into the Borough office at least 60 days prior to an event.

If road closures are necessary 90 days prior to an event.

Will need to provide Montrose Borough Event Insurance listing the Borough as an additional insurer.

All events need prior approval from the Montrose Borough Council so please return the form before the 1st Monday of the month.

Signature of Requestor

Date

Borough Council President

Date

cc: File

Fire Department

Police Department

Street Department

Enclosure: Borough Map