



PERMIT REQUEST

Rental # (if App) _____

Type of Permit: _____

***NOT VALID FOR ALCOHOL PERMIT REQUEST**

Applicant:		Name of Event:	
Address:			
Contact Email:			
Contact Day of Event:			
Contact Cell Day of Event:			
Contact Phone:			
Activity Date(s):		Start Time: _____	Event Time: _____
		End Time: _____	
# of Participants:		Park, Facility or Location:	
Describe the activity or event, including route, location of street closure, cross streets, neighborhood, direction, landmarks, anything that will assist us in understanding and processing your request. Please describe what type of amplified sound to be used.			

Minimum of two (2) weeks' notice required for permit processing

All City, county and federal laws and ordinances must be followed.

Copy of approved permit must be available for inspection at event or activity.

Emergency vehicle access must be maintained at all times.

The City of Albany has the right to revoke this permit at anytime.

I attest that I have reviewed the applicable codes and will abide by all applicable rules and regulations.

_____	_____
Signature	Printed Name
_____	_____
Date	Received by

Approved (Initial):

APD	AFD	Traffic	Other
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