

# Austin POLICE DEPARTMENT



LAW ENFORCEMENT CENTER 201 1<sup>ST</sup> ST NE STE 2 AUSTIN, MINNESOTA 55912 (507) 437-9400 FAX (507) 437-9546

## EVENT APPLICATION

1. Event Title \_\_\_\_\_
2. Name/Address of Organization \_\_\_\_\_
3. Contact Person \_\_\_\_\_ Phone & E-mail \_\_\_\_\_
4. Alternate Contact \_\_\_\_\_ Phone & E-mail \_\_\_\_\_
5. Date of Event \_\_\_\_\_ Approximate Number of Participants \_\_\_\_\_
6. Assembly Area Location and Description \_\_\_\_\_  
\_\_\_\_\_
7. Starting Time of Event \_\_\_\_\_ Estimated Termination Time \_\_\_\_\_
8. Starting Point \_\_\_\_\_
9. Termination Point \_\_\_\_\_
10. Portion of Street Width: *(Run/Walk Events: Runners and walkers are to remain in the furthest right lane or out of the vehicle traffic lane as much as possible. Organizers are responsible for providing personnel wearing reflective safety gear along the route to assist participants at intersections.)* \_\_\_\_\_
11. Please draw a map on the back of this form, or attach a map or PDF of the event route, and indicate if barricades are needed. Travel route of event (and/or street closures with barricades):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Approved upon compliance with the following terms and conditions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief of Police or Designated Officer

\_\_\_\_\_  
Date