

TOWN OF GREAT BARRINGTON

Request for permission of WAVE PARADE procession

APPLICANT INFORMATION:

Name:	Address:				
Phone:	Email:	Email:			
EVENT INFORMATION:					
Date of Event:	Estimated num	Estimated number of participating vehicles:			
Time to Start:	Estimated time	Estimated time to complete route:			
Proposed Route If easier please attach a highlighted map, clea	urly indicating the intended rout	e:			
1.)	6.)				
2.)	7.)				
3.)	8.)				
4.)	9.)				
5.)	10.)				
By signing this application, the application Applicant agrees to pay for polic Applicant Signature:	e details to ensure traffic and pe	destrian safety	when required by the		
TOWN CONDITIONS & APPROVAL	<u>:</u>				
Police Department:	Approved	Denied	Date:		
No. of detail officers required:					
Fire Department	Approved	Denied	Date:		
Special Conditions:					
Public Works Department:	Approved	Denied	Date:		
Special Conditions:					
Town Manager:		Denied	Date:		
Special Conditions:					