

TOWN OF GREAT BARRINGTON

Request for permission of WAVE PARADE procession

APPLICANT INFORMATION:

Name:	Address:				
Phone:	Email:	Email:			
EVENT INFORMATION:					
Date of Event:	Estimated nun	Estimated number of participating vehicles:			
Time to Start:	Estimated time	Estimated time to complete route:			
Proposed Route If easier please attached a highlighted map, cle	early indicating the intended re	oute:			
1.)	<u> 6.) </u>	<u> 6.) </u>			
2.)	7.)	7.)			
3.)	8.)				
<u>4.)</u>	9.)				
5.)	<u>10.)</u>				
By signing this application, the applica Applicant agrees to pay for police					
Applicant Signature:			Date:		
TOWN CONDITIONS & APPROVAL:					
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:					
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