

RE: Pig to Pig Walk 9-12-15

**REVIEWING DEPARTMENT RECOMMENDATION**

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.  
Your request was acted upon in accordance with the contents of this application with the following conditions

**PARKS** No service requested  
 (683-4537)

	N/A	NO CHARGE	CHARGE
LABOR _____			
EQUIPMENT _____			
MATERIALS _____			

Dept. Head or Designee Signature [Signature] Date 2/10/15

**POLICE**  
 (686-6500)

	N/A	NO CHARGE	CHARGE
LABOR _____			
EQUIPMENT _____			
MATERIALS _____			

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRE**  
 (686-6500)

REC'D  
 FEB 10 REC'D  
 DEPT. CLERK

	N/A	NO CHARGE	CHARGE
LABOR _____			
EQUIPMENT _____			
MATERIALS _____			

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DPW**  
 (683-4550)

	N/A	NO CHARGE	CHARGE
LABOR _____			
EQUIPMENT _____			
MATERIALS _____			

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PARKS**  
(683-4537) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**POLICE** NO ISSUES IN THE PAST.  
(686-6500) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature SCOTT UCHTERMAN Date 02-10-15

**FIRE**  
(686-6500) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DPW**  
(683-4550) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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(683-4537) \_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**POLICE** \_\_\_\_\_  
(686-6500) \_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRE** \_\_\_\_\_  
(686-6500) N/A \_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature Lochlan Date 2/11/15

**DPW** \_\_\_\_\_  
(683-4550) \_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**POLICE**  
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FIRE**  
(686-6500)

	N/A	NO CHARGE	CHARGE
LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DPW**  
(683-4550) No DPW request

	N/A	NO CHARGE	CHARGE
LABOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date 2/11/15