

RE: Zoological Society - Summer Kickoff 6-6-15

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 Bleachers, tables, staging, benches & tents,
(683-4537) beverage coolers, garbage cans, bandwagon

\$1419 total

		N/A	NO CHARGE	CHARGE
LABOR	<u>\$725</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<u>\$694</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature [Signature] Date 2/18/15

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)

REC'D
FFB 16 REC'D

		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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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 10:30am - 4pm
(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 D.C. Reimer Date 2 / 25 / 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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PARKS
(683-4537) _____

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

Dept. Head or Designee Signature _____ Date / /

POLICE
(686-6500) _____

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

Dept. Head or Designee Signature _____ Date / /

FIRE Ensure tents are properly fire rated
(686-6500) for use and if required extinguishers
are present and serviced in accordance with
NFPA 10 requirements for portable fire extinguishers

		NO CHARGE	CHARGE
LABOR	_____	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	_____ <u>0</u> _____	<input type="checkbox"/>	<input type="checkbox"/>
MATERIALS	_____	<input type="checkbox"/>	<input type="checkbox"/>

Dept. Head or Designee Signature Todd H. Date 2/16/15

DPW
(683-4550) _____

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

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 _____
(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) _____

FEB 16 REC'D

	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 No DPW request _____
(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 [Signature] Date 2/18/15