

15-188

RE: Kennip Athlete Softball Tour

7/24/15 - 8/1/15

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 (683-4537) Concession Stand (July 20 - Aug 1) = \$753
Open Air Shelter - 5 days = \$204
Rental of benches, risers, tables, etc. = \$420.00
Cost to deliver + set up rental items = \$475.00
Ball diamond lighting - \$525.00 (labor \$70.37 + \$7.40 equip.)
Rec. Dept. tournament fees = \$1,950.00

LABOR \$545.37
 EQUIPMENT \$3334.40
 MATERIALS \$532.50

| N/A | NO CHARGE | CHARGE |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\$4412.27
total

Dept. Head or Designee Signature [Signature] Date 1/12/14

2014 - Paid \$525 fee for lights

POLICE (686-6500) _____

JAN 23 REC'D

LABOR _____
 EQUIPMENT _____
 MATERIALS _____

| N/A | NO CHARGE | CHARGE |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dept. Head or Designee Signature _____ Date 1/1

FIRE (686-6540) _____

LABOR _____
 EQUIPMENT _____
 MATERIALS _____

| N/A | NO CHARGE | CHARGE |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dept. Head or Designee Signature _____ Date 1/1

DPW (683-4550) _____

LABOR _____
 EQUIPMENT _____
 MATERIALS _____

| N/A | NO CHARGE | CHARGE |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RE: Kennys Athlete Softball Team

REVIEWING DEPARTMENT RECOMMENDATION

7/24/15 - 8/1/15

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
(683-4537)

LABOR _____

EQUIPMENT _____

MATERIALS _____

| N/A | NO CHARGE | CHARGE |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dept. Head or Designee Signature _____ Date 1 / 1

POLICE No Issues
(686-6500)

LABOR _____

EQUIPMENT _____

MATERIALS _____

| N/A | NO CHARGE | CHARGE |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dept. Head or Designee Signature Osca Deek Date 1/22/15

FIRE
(686-6540)

LABOR _____

EQUIPMENT _____

MATERIALS _____

| N/A | NO CHARGE | CHARGE |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dept. Head or Designee Signature _____ Date 1 / 1

DPW
(683-4550)

LABOR _____

EQUIPMENT _____

MATERIALS _____

| N/A | NO CHARGE | CHARGE |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

JAN 26 REC'D

DEPT. OF PUBLIC WORKS

RE: Kennip Athletic Softball Team

REVIEWING DEPARTMENT RECOMMENDATION

7/24/15 - 8/1/15

Department to complete the form and return to the City Clerk ASAP, but not later than 14 days.

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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 1 / 1

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 1 / 1

FIRE
(686-6540)

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 [Signature] Date 1, 25, 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"/> |

RE: Kennys Athlete Softball Team

REVIEWING DEPARTMENT RECOMMENDATION

7/24/15 - 8/11/15

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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)

JAN 23 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 / /

FIRE
(686-6540)

| | 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 <u>No DPW request</u> | <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"/> |

Ry JK 1-24-15