

RE: Holy Family Memorial Picnic - 8-22-15

15-189

**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** S.C. Fieldhouse \$182.00  
(683-4537) S.C. Con. Stand \$61.00

*\* Organizer responsible for clean up of grounds after event*

	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 Karen Dorow Date 1/23/15

**POLICE**  
(686-6500)  
JAN 22 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**  
(686-6500)

	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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	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 1/1/15

**POLICE**  
(686-6500) No Issues \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	N/A	NO CHARGE	CHARGE
LABOR _____	<input checked="" 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 Isaac DeB Date 1/22/15

**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 1/1/15

**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 1/1/15

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**PARKS**  
(683-4537) \_\_\_\_\_  
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	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT _____ <u>0</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 Todell H... Date    /    /    11/22/15

**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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**PARKS**  
(683-4537) \_\_\_\_\_  
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	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 22 RECD*  
\_\_\_\_\_ *DEPT. OF PUBLIC WORKS*  
\_\_\_\_\_

	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 by requestor  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	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    /    /