REQUEST FOR SPECIAL EVENTS PRIVILEGE TYPE OR PRINT CLEARLY TODAY'S DATE 05,30,14 REQUEST DATE(S) NAME/ORGANIZATION CONTACT PERSON ADDRESS CITY, STATE, ZIP PHONE (900) DETAILED REQUEST (Attach additional sheets, maps, or drawings as applicable) RECEIVED CITY CLERKS OFFICE I agree to indemnify and hold harmless the City of Manitowoc, its officers, employees and agents against any and all liability for injuries, damages and costs, including actual attorneys fees, resulting from or arising

out of any actions of the Applicant, its agents, employees or subcontractors related in any way to the use of the materials in City right-of-ways or for private use. Acts of the Applicant for which the City of Manitowoc is indemnified hereunder shall include, but specifically not be limited to, failure to adequately warn members of the public of the impending activity and dangers related to said activity.

Requestor Signature

Committee recommends:

CITY CLERK CITY OF MANITOWOC 900 QUAY ST. MANITOWOC, WI 54220