

RE: NASH 100th Anniversary Car Show 6-24-17

**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** Metro Stage - \$50, Picnic tables - \$50 rental,  
(683-4537) \$100 delivery, Benches - \$50, \$75 delivery

\$325 total @ this time

|           |              | N/A                      | NO CHARGE                | CHARGE                   |
|-----------|--------------|--------------------------|--------------------------|--------------------------|
| LABOR     | <u>\$175</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EQUIPMENT | <u>\$150</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MATERIALS |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*NOT signed*

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

It is our policy that facilities cannot be rented more than 365 days in advance of the event. This event is more than 2 yrs away.  
Karen Klein  
2-25-15

|           |  | 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

FEB 24 REC'D

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**POLICE** *A.M.*  
(686-6500) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                 | 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 D.C. Remer Date 2 125 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) \_\_\_\_\_  
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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 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 Todd Howe Date 2/25/15

**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"/> |
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Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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(683-4537) \_\_\_\_\_  
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Dept. Head or Designee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**POLICE**  
(686-6500) \_\_\_\_\_  
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FEB 24 REC'D

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**FIRE**  
(686-6500) \_\_\_\_\_  
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| 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) Requestor may pickup/return traffic control items at the DPW on Friday and return Monday 7:30AM - 2:30PM. If delivery/pickup is requested the following charges may apply.  
\_\_\_\_\_  
\_\_\_\_\_

|   | N/A                      | NO CHARGE                                       | CHARGE   |
|---|--------------------------|---|--|
| LABOR <u>2 hrs</u>                              | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/> <u>170<sup>00</sup></u> |
| EQUIPMENT <u>1 hrs</u>                          | <input type="checkbox"/> | <input type="checkbox"/>                        | <input type="checkbox"/> <u>14.80</u>            |
| MATERIALS <u>8 Type III barricades 2 signs.</u> | <input type="checkbox"/> | <input type="checkbox"/> <u>36<sup>00</sup></u> | <input type="checkbox"/>                         |

Dept. Head or Designee Signature Randy JK Date 3/3/15