

City of Medford Special Event Permit Application

Application must be filled out completely and legibly to be processed.

Fee: N/A

Date of Application: _____ (Application must be submitted at least 14 days prior to event)

Event Name: _____ Organization/Contact Person: _____

Date(s) of Event: _____ On-Site Manager: _____

Time(s) of Event: _____ Mailing Address: _____

Event Location: _____

Phone Number: _____ Email Address: _____

Description of Event:

Special Parking or Traffic Restrictions Required:

Applicant's Signature: _____ Date: _____

For City Use Only

Date Received: _____

Police Department: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Public Works: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Fire Department: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Electric Utility: _____ Approve _____ Disapprove _____ Date

Modification Recommended:

Final Action: _____ Approve _____ Disapprove

Modification Recommended:

Date Issued: _____