



EVENT REQUEST FORM

Date of Request: _____

Name of the Event: _____

Type of Event: _____

Date and time Start _____ End _____

Requested Location: _____

Name of your contact people: (Main Coordinator & Area of Responsibility)

1. Name: _____ Phone # _____ Email: _____
2. Name: _____ Phone # _____ Email: _____
3. Name: _____ Phone # _____ Email: _____
4. Name: _____ Phone # _____ Email: _____



2 WEEKS MINIMUM NOTICE

Items and/or services requested to be provided by the City of Grand Forks. Please ensure that **ALL** items requested **ARE RETURNED** to the same place as delivery. If alternative return arrangements need to be made, please ensure that the contact persons have given prior approval.

If your event involves a Road Closure, do you require instruction on how to use road cones, barricades and traffic control vests? _____. If instruction is required, please contact Sarah Winton at 250-442-8266 at least two weeks in advance prior to your event.

ITEMS	QUANTITY	RETURNED	SERVICES			
Bleachers			Electrical Services		Electrical Trailer	
Barricades			Washroom Services		Grass Cutting	
Picnic Tables						
Garbage Cans			Irrigation OFF	Date	Time	
Traffic Control Vests						
Traffic Cones						

OTHER COMMENTS OR REQUIREMENTS NOT LISTED ABOVE

Deliver or email this completed form to City Hall

Contact Person for the City of Grand Forks:

Corporate Services / Public Works

City of Grand Forks 250-442-8266

Requests will be handled on a first come first serve basis.

In a case where your event involves a road closure the coordinating person must contact all of the **EMERGENCY SERVICES** listed below and provide them with all of the **EVENT INFORMATION**.

Police 250-442-8288

Fire 250-442-8266

Ambulance 250-442-2022

Date Received _____

Date Approved _____

Approved By _____