



Event Information Form

Please complete the information below for events within the corporate limits of the Town.

Name of Event: _____

Date and Time of Event: _____

Location of Event: _____

Estimated Attendance: _____

Name of Event Coordinator: _____

Phone Number: _____

Email Address: _____

Purpose of Event: _____

Plans for Parking: _____

Will Event Require Private Security? Yes No

If Yes, Name of Company and Phone Number: _____

Any Other Information that Would be Helpful to Emergency Personnel: _____

