

EVENT PERMIT
(BYLAW #1556 - STREET BYLAW)
INFORMATION REQUIRED

CITY OF MEDICINE HAT
CITY CLERK DEPARTMENT

580 First Street S.E.
Medicine Hat, Alberta T1A 8E6
Telephone: (403) 529-8220
Fax: (403) 529-8182
clerk@medicinehat.ca

1. **NAME AND ADDRESS OF APPLICANT**

2. **ORGANIZATION**

3. **NATURE AND/OR OBJECT OF EVENT**

4. **EVENT DETAILS**

DATE: _____

START TIME: _____

FINISHTIME: _____

ESTIMATED NUMBER OF PARTICIPANTS: _____

ROUTE: (include map)

5. **SUPERVISOR'S NAME, ADDRESS AND PHONE NUMBER**

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

6. **OTHER INFORMATION, IF APPLICABLE**

**I hereby take responsibility for the good order
and conduct of the foregoing event**

Applicant _____

Phone : _____

Date _____

e-mail _____

Note: The personal information that is being collected under the authority of the *Municipal Government Act* will be used for the purposes under the Act. It is protected by the privacy provision of the *Freedom of Information and Protection of Privacy Act*.