

Parade Permit

Name of Spon	soring Organization:		
Signature of A	pplicant:		
Printed Name			
Email Address			
		Telephone Number:	
City:		State:	Zip Code:
Purpose of Par	rade:		
Date of Parade	e:	Time of Line-Up for Parade:	
Actual Time of	Parade (start to finish):		
Number of Participants:		Number of Vehicles:	
Parade Route:	(Attach Detailed Map)		
FOR SAFETY PU RESPONSIBILITY Please note sp Also, if your ev responsible fo longer provide closures of stra remain availat guidelines ma	RPOSES, NO OBJECTS ARE TO BE OF THE SPONSORING ORGANIZATION Pray paint is prohibited on the event is not co-sponsored by the principal principal providing traffic cost traffic control for events not eets or right of way may be people to the public, residences any result in denial of future per	THROWN FROM A ATION TO NOTIFY street and/or side City of Medinal control profession to co-sponsored be ermitted to get rend businesses at the mit requests.	PARTICIPANTS IN THE PARADE OF THIS RULE. dewalk when marking the parade route. the sponsoring organization is/will be nals. The Medina Police Department no y the City of Medina. Intermittent, short unners/racers through, but access must all times. Failure to follow these
	gements:		
Trash Arrange	ments:		
Approved by:	Police Chief:		Date:
	Parks Director:		Date:
	Service Director:		Date:
	Mayor:		Date:



Parade Permit

Street Department Lending Form

IN ADVANCE OF YOUR EVENT, PLEASE CALL 330-722-9037 FOR <u>AVAILABILITY</u> OF BARRICADES / CONES NEEDED

Complete this lending form if you wish to have the barricades/cones delivered to a site you specify. Or if you prefer, you may come to the City Garage at 781 West Smith Road to pick-up and drop-off the barricades/cones. **PLEASE BE SPECIFIC ABOUT THE NUMBER OF BARRICADES AND/OR CONES YOU WILL NEED FOR YOUR EVENT.** Keep in mind you will be responsible for all of the barricades/cones borrowed to be returned to the Street Department.

I would like to borrow the following number of: Barricades: Large Cones:_____ Small Cones: _____ Check one of the two choices below: 1) BARRICADES/CONES ARE FOR BROADWAY CLOSURE ONLY: 2) BARRICADES/CONES TO BE DELIVERED TO A SPECIFIC SITE: ______ (If so, please provide a delivery address or a map): ______ DATE_____ SIGNATURE: _____ PRINT NAME: _____ ADDRESS: PHONE:____ ORGANIZATION: For office use only: Date of pick-up / drop-off: _____ Date of Return: _____ Count Verified: ____