MAYOR'S OFFICE COORDINATORS REPORT

OVERAI	(please ci	rcle): <u>AF</u>	APPROVED D		DENIED		N/A	CANCELED	
Petition #:		Eve	nt Name:						
Event Date :									
Street Closure:									
Organization Name:									
Street Address:									
Receipt date of the COMPLETED Special Events Application: Date of City Clerk's Departmental Reference Communication: Due date for City Departments reports: Due date for the Coordinators Report to City Clerk:									
	nents (check	•	•	•					
□ Walkati	•	Carnival/0	• /		Concert	/Performance		Run/Ma	ırathon
□ Bike Ra	ace 🗆	Religious	Ceremony		Political	Ceremony		Festival	
□ Filming		Parade			Sports/F	Recreation		Rally/D	emonstration
□ Fireworks □ Convention/Conf		on/Conference		Other: _					
□ 24-Ho u	r Liquor Lice	ense							
		<u>Pet</u>	ition Commun	icat	tions (inc	lude date/time)			
						e fulfilled for an			
Date	Departmei	nt N/A	APPROVED		DENIED	Ado	litio	nal Com	ments
	DPD								
	DFD/ EMS					_			
	DPW								

Health Dept.

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED				
	Recreation				
	Bldg & Safety				
	Bus. License				
	Mayor's Office				
	Municipal Parking				

Signature: _		
Date:		