

City of Marcus
 222 North Main Street PO Box 542
 Marcus, IA 51035
 (712) 376-4715 Fax: (712) 376-2055
 Email: marcus@midlands.net

APPLICATION FOR PERMIT TO REQUEST TRAFFIC CONTROL

Type: <input type="checkbox"/> Parade <input type="checkbox"/> Ride/Walk/Run <input type="checkbox"/> Public Demonstration <input type="checkbox"/> Other: _____	
Activity Name:	
Date(s) of Event:	Time(s) of Event:
Activity Location:	
Sponsor:	Contact Person:
Address:	Telephone:

**ATTACH SKETCH OF AREA REQUIRED SHOWING TRAFFIC CONTROL
 ATTACH MAP(S) FOR OTHER ACTIVITIES IF APPLICABLE**

Street Closings?	Yes	No
Name of Streets Closed:		
When Closed:		

Police Department Required?	Yes	No
Requirements if applicable:		

Fire Department Required?	Yes	No
Requirements if applicable:		

Public Works/Parks Department Required?	Yes	No
Requirements if applicable:		

Agreement: The application hereby states that he/she is authorized to represent the above named organization and agrees to accept responsibility for payment of repair of any damages to public or private property that may be incurred due to applicant's activities under this permit. This applicant also agrees that the regulations stated herewith shall govern activities under this permit.

Date Applied:	Signed:
---------------	---------

Applicant

Date Approved by Council:	By:
---------------------------	-----

City Clerk