



EVENT PERMIT

Today's Date: _____

Date Requested: _____

Event Activity Planned: _____

Location: _____

Approximate Number of People: _____

Permit to be used: _____, _____, Hours: _____ .m. _____ .m.
DATE MONTH FROM TO

Contact Name: _____

Phone Number: _____

I agree to hold the City of Cascade harmless of and from any and all liability, cost and damage arising from this event, including court costs and attorney's fees. I, the undersigned, accept full financial responsibility for damage to property.

 Applicant Signature

 Date

 Mayor

 Date

 Sheriff Office

 Date

 Public Works Director

 Date

 Fire Chief

 Date

FOR OFFICE USE ONLY	
Approval	
Disapproval	
Date	