

CARVER BOARD OF SELECTMEN
P.O. Box 316
Town Hall
Carver, MA 02330
508.866.3400

Standard Request Form

NAME OF ORGANIZATION & ADDRESS:	NAME & ADDRESS OF MANAGER OF EVENT:
TEL. #	TEL. #

Permission is requested for:

1. Type of Activity: (Parade, dance, tag day, block party, etc.)

2. Location:

3. Date: _____ Alternate Date: _____
4. Time: From: _____ To: _____
5. Admission fee, if any: _____
6. Number of persons expected to attend: _____
7. Is this activity open to the public? Yes No
8. Is your organization: Profit-making: Non-Profit:

Instructions: Complete all questions which are applicable to your event. Return to the Selectmen's Office ONE MONTH PRIOR TO YOUR EVENT. You may expect a response from the Selectmen's Office within two weeks of our receipt of your request. We appreciate notification of cancellation of your event if your plans should change:

Department	Approve	Disapprove:
Selectmen		
Police		
Fire		
Ambulance		