



WAIVER REQUEST FORM

DATE OF EVENT: _____ TIME(S) OF EVENT: _____

SUBJECT/REASON FOR WAIVER REQUEST: _____ LOCATION: _____

STREET CLOSURE PARKING MALL CLOSURE (Must provide map of closed streets or parking malls with names)

All noise is to be in moderation (Initial) _____
With all complaints Police will determine the end time of waiver.

IF WAIVER IS FOR A CITY PARK OR CITY PROPERTY: RESERVED | NOT RESERVED

CHECK IF NEEDED: ELECTRICITY | WATER SERVICE | BARRICADES
(Must notify at least a week before the event)

Please be specific and specify organizer, location, reason for the event, and request:

The organizer of the event is responsible for cleaning up the area requested for usage at the end of the event and to provide security during the event.

Sign acknowledgement _____

REQUESTED BY:

NAME & ORGANIZATION: _____

ADDRESS: _____

PHONE: _____ EMAIL : _____

NOTE: If approved, this waiver in no way obligates the City of Hammond to make any notifications or to supply set up, cleaning, or other services for this event. All requests have to be submitted to Alma Mitchell in the Mayor & Administration Office, requests can be submitted electronically to mitchell_ap@hammond.org or fax (985) 277-5602.
If you have any questions please call (985) 277-5601.

BELOW TO BE FILLED OUT BY CITY ADMINISTRATION

DATE RECEIVED BY: _____ TIME RECEIVED: _____

APPROVED: _____ (YES) _____ (NO)

REMARKS: _____

Authorized Signature

Date