



RESOURCE REQUEST FOR EVENT

500 E Division Street, Forks, WA 98331
360-374-5412 forkswashington.org info@forkswashington.org

EVENT INFORMATION

Event name: _____ Is this a new event? Yes No

Provide a brief description of the event (or an advertisement or brochure for the event):

Event date(s)/time: _____

Primary contact: _____ Event organizer Event staff Other

Phone: _____ E-mail: _____

Are street closure(s) requested: Yes No

If you checked Yes, list exact times the road(s) will be closed, street name(s), and exact location(s) (i.e., Forks Ave between Bogachiel Way and Division St.).

Have all affected businesses agreed to the closure in writing? Yes No

CITY RESOURCES REQUESTED

Barriers (City crew places and removes barriers) City staff for Forks Ave closure Other (describe below)

POLICE DEPARTMENT RESOURCES REQUESTED

**Law enforcement duties will always take precedence over event participation.*

Officer (and cruiser) Officer presence Other (describe below)

OTHER CITY STAFF AND TIME (FOR OFFICE USE)

List the work and staff needed and the date(s)/time(s) they are needed on the back of this form.

Departments involved:

Public Works Dept. head initials _____

Legal Dept. head initials _____

Police Dept. head initials _____

Finance Dept. head initials _____