



City of Altoona
Event Request Form
(Please Complete Top of Form)

Event Name: _____

Facility Requested: _____

Purpose of Event: _____

Event Date/Time: _____

Organizer: _____

Contact Information

Name: _____

Phone: _____

Email: _____

Estimated Attendance: _____

Needed Utilities: _____

Department Support:

Details

PD

FIRE/EMS

Parks/Streets

Other

Date for Staff: _____ Park Board: _____ City Council: _____

Attach any additional event information such as flyers or maps.