



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: _____

Note: Attach insurance form listing the City of Altoona as an additional insured if the event will take place on City property.

(City to complete this section)

Department Support:	<u>Details</u>
Police	_____ _____
Fire/EMS	_____ _____
Parks/Streets	_____ _____
Other	_____ _____

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

Attach any additional event information such as flyers or maps