



CITY OF GIBSON | 101 E 8TH STREET,
PO BOX 545, GIBSON CITY, IL 60936
PHONE 217-784-5872

SPECIAL EVENTS REQUEST

Must be submitted no less than 2 weeks prior to event

Specific Location _____

Type of Event _____

Applicant's Name _____ Email _____

Address _____

Phone Number of Person in Charge throughout event _____

Estimated Attendance _____

Requesting Barricades # _____ Traffic Cones # _____ Picnic Tables # _____

Drop Off Location / Time _____

Please map out on reverse side of this form

Is this a registered not-for-profit event? _____

Rules: Your group must **provide your own extra trash containers if needed.**

All trash must be in containers and picnic tables must be cleaned after the event.

Application will be reviewed by Superintendent and forwarded to Mayor for final approval / signature. Signed form will be mailed to you.

Signed Event Form must be displayed during your event.

The Superintendent reserves the right to assess a fee for damaged / unclean property or trash pick-up by his crew.

Approved:

Mayor