



SPECIAL EVENTS APPLICATION

FORM MUST BE FILLED OUT AND RETURNED TO THE POLICE DEPARTMENT, OFFICE OF PUBLIC SAFETY AT LEAST 1 WEEK PRIOR TO EVENT

Any questions regarding application, contact Susan Riegg at 215-633-3711.

Contact Information

Name of Applicant			
Address of Applicant			
Phone No.	Home _____	Work _____	Cell _____
Emergency Contact Name			
Emergency Contact Address			
Emergency Contact Telephone	Home _____	Work _____	Cell _____

Event Information

Location of Event	
Type of Event <i>Concert (type)/Carnival etc.</i> <i>(include as much info as possible)</i>	
Number of Event Employees	
Dates of event/number of Days	
Times Event Will Be Held	
Highest Number of Attendees expected	

Ticket Information

Ticket Sales (method/duration)	
In advance (Ticketmaster, etc)	
At door	

Public Safety Information

Police Services Requested (Traffic/crowd control/protection)	
Number of Officers	
EMS Services Requested (Ambulance, First Aide Station, etc)	
Number of Personnel	
Fire Department Services Requested	
Number of personnel	

Additional Township Departments/Services Required

☐ Public Works (specify)

☐ Road Barriers (specify)

☐ Parks & Recreation (specify)

☐ Township Property being used (specify)

Applicant's Name: _____ Date: _____

Signature: _____ Phone No. _____

Office Use Only

DPS _____ Number of Officers Required _____

Date _____ Type of Services Required _____

☐ Approved ☐ Rejected

EMS _____ Number of Personnel Required _____

Date _____ Type of Services Required _____

☐ Approved ☐ Rejected

Fire _____ Number of Personnel Required _____

Date _____ Type of Services Required _____

☐ Approved ☐ Rejected

Approved by: _____

Signature
Date