CITY OF ELROY
Park Exclusive Use Permit Application
(Fee: $300.00)

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date(s) of Event: _____Number of Persons:_____

Purpose: _____

_____

_____

_____

_____

_____

Will you charge a fee: ☐ Yes ☐ No If yes, amount: _____

We agree to abide by all federal, state, local laws, regulations and ordinances while using the park. Furthermore, we will comply with Title 7 Chapter 9 of the City of Elroy Code of Ordinance.

Signature: _____ Date: _____

Indemnity Required: ☐ Yes ☐ No _____
Council Action: ☐ Approved ☐ Denied

City Administrator: _____ Date: _____

Sec. 7-9-5
Revised 01/02/2016