



City Of Coffeyville	City Clerk's Office
P.O. Box 1629	620-252-6108 Phone
Coffeyville, Kansas 67337	620-252-6175 Fax
mcarter@coffeyville.com	

City Personnel/Equipment Requested at Event Application

Applications must be submitted 14 days before event date.

Applicant Information

Name: _____ Date: _____

Company/ Organization: _____

Street Address _____ City _____ State _____ ZIP Code _____

Phone: _____ Email _____

Event Information

Name of Event: _____

Date of Event: _____ Event Time: _____ Attendance: _____

Location of Event: _____

Event Description: _____

City Personnel and/or Equipment Requested at Event: _____

Applicant Signature

Signature: _____ Date: _____

Approval Signature and Notes

Approved City Manager or Assistant City Manager YES NO Signature: _____

NOTES: _____