



### PUBLIC SAFETY

APPLICANT : \_\_\_\_\_

ON BEHALF OF: \_\_\_\_\_

TEL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

APPLICATION FOR ASSISTANCE:

WE PLAN TO ORGANIZE THE FOLLOWING ACTIVITY /ACTIVITIES WITHIN THE JURISDICTION OF THE COUNCIL ON \_\_\_\_\_ 20 \_\_\_\_\_

EVENT: \_\_\_\_\_

START TIME: \_\_\_\_\_ TO: \_\_\_\_\_

PLACE: \_\_\_\_\_ STREET NAME: \_\_\_\_\_

TYPE OF ASSISTANCE:

ESCORT	STREET CLOSURE	POINT DUTY	CYCLE RACE	MARATHON	FUN RUN	WALK
--------	----------------	------------	------------	----------	---------	------

OTHER:

\_\_\_\_\_

\_\_\_\_\_

\*ROUTE TO BE ATTACHED.

I/WE \_\_\_\_\_ HEREBY INDEMNIFY THE COUNCIL AGAINST ANY/ALL CLAIMS WHICH MAY DIRECTLY OR INDIRECTLY RESULT FROM THE UNDERTAKING OF THE ACTIVITY /ACTIVITIES MENTIONED ABOVE.

DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_