



Sunriver Police Department

Service District

Special Event Parking Application

First and Last Name: _____

Phone Number: _____

Email Address: _____

Alternate Contact First and Last Name: _____

Alternate Contact Phone Number: _____

Event Type (party, meeting, etc.): _____

Address of Event: _____

Date of Event: _____

Starting Time of Event: _____

Ending Time of Event: _____

Number of overflow Vehicles Requested: _____ (Maximum Number)

Today's Date: _____

This is an application for special event parking only. Approval is conditional and can be rescinded at any time, and is subject to weather conditions. If a sign is placed, an officer will remove the sign when the event ends.

OFFICE USE ONLY

Date Approved: _____

Application Received at SRPD by: _____

Sign Number Placed by: _____

Sign Placed by: _____

Sign Removed by: _____