



Parade / Special Event Permit Request

Organization: _____ Function: _____
(Parade or Special Event, etc.)

Address: _____

Contact Person(s): _____ Address: _____

Phone: _____ Fax: _____ e mail: _____

Date of Event: _____ Time of Event: _____ AM PM

Assembly Point: _____ Assembly Time: _____ AM PM

Approximate number of units involved: _____ Will the entire street be utilized? Yes No

How many people from your organization will help with the event/parade? _____

What is the route of your parade? (Please submit a map or detailed description.)

Signature: _____ Date: _____

Space Below to be Used by Police Department Personnel Only

Request: Approved Denied

Signature: _____ Date: _____

Police Department Contact: _____

Return this request by mail, fax, e-mail or in person to the Deputy Chief of Operations 14 days before the event. The request will be processed and returned to you within five working days.

Jacksonville Police Dept
200 West Douglas Ave.
Jacksonville, IL 62650

Phone: 217 479 4630
Fax: 217 479 0277
e mail: cmoore@jacksonvilleil.gov