MUNICIPAL EVENT FORM

Municipality: ________________________________________________________________
Name & Title: _______________________________________________________________________
Street Address: _______________________________________________________________________
City: _________________________ State: _______ Zip: _______ Email: ____________________________
Daytime Phone: _____________________ Evening/Emergency Phone: _____________________ Fax: ___________________

I/we request a Permit for a Municipal Event using the Right of Way of County Route No. __________________________
Further identified as (road name) _______________________________________________________________________
Located in (municipality) _____________________________________________ Lane: □ NB □ SB □ EB □ WB
At a point (distance in feet) __________________ Direction □ North □ South □ East □ West
From (intersecting road, street or landmark) _____________________________________________
Name of Event: __________________________________ Date: _________________________ Hours: ____________

Weather Dependent? □ Yes □ No; Rain Date: __________________________
Vehicle Use? □ Yes □ No; If yes, written authorization attached? □ Yes □ No
Alcohol to be sold/dispensed/consumed? □ Yes □ No; If yes, Permit Acquired? □ Yes □ No
Public Safety Operational Plan attached? □ Yes □ No

Please provide a brief description of the event and any impacts to County road(s):
__________________________________________________________________________________________
__________________________________________________________________________________________

Subject to the provisions of the New Jersey Tort Claims Act, N.J.S.A.59:1-1 et seq., I/we will be responsible for personal injuries and property damage caused by the actions of ourselves, our agents, servants and employees which arise out of or which are claimed to arise out of this Permit. Any such claim for such personal injury or property damage must be filed in accordance with N.J.S.A. 59:8-1 et seq. THE COUNTY WILL NOT BE RESPONSIBLE FOR ANY ERRORS, OMISSIONS OR MISINFORMATION GIVEN IN THE APPLICATION AND/OR ON THE ACCOMPANYING PLANS.

_________________________________________________ (Signature of Applicant) (Date)
_________________________________________________ (Print or Type Your Name) (Title)