

TIMARU



DISTRICT COUNCIL

Te Kaunihera ā-Rohe  
o Te Tihi o Maru

## STREET EVENT REQUEST FORM

Name of Organisation: .....

Event/Reason: .....

Location\*: .....

Date/s: .....

Time/s: .....

Contact Name: .....

Address: .....

Phone: .....

Email: .....

Signature: .....

Date: .....

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*Office Use Only*

Confirmed Dates: .....

Confirmation Sent: .....

**\*Please provide/include a map of the area**