



SPECIAL EVENT APPLICATION

NAME OF EVENT: _____

EVENT DATE: _____ APPROXIMATE # OF PARTICIPANTS: _____

START TIME: _____ END TIME: _____

START LOCATION: _____

END LOCATION: _____

ROUTE/LOCATION DESCRIPTION (DESCRIBE AND ATTACH MAP): _____

EVENT SPONSOR: _____

EVENT CONTACT PERSON: _____

EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____

Please contact and work with the appropriate Law Enforcement agency where the event is scheduled to take place.

HOLD HARMLESS AGREEMENT

A Certificate of Insurance, listing the Post Falls Highway District, must be provided.

Applicants for special event permits shall agree to hold harmless the Post Falls Highway District, its departments and employees from any and all liability in any and all matters concerning the special event.

I also certify that all participants will comply with all laws, regulations and provisions required by the Post Falls Highway District, State of Idaho and governing jurisdictions.

EVENT SPONSOR/COORDINATOR SIGNATURE

DATE

OFFICE USE ONLY

_____ PERMIT APPROVED

_____ PERMIT DENIED

COMMENTS: _____

ROAD SUPERVISOR SIGNATURE

DATE