

Chalking Request

Campfire Request

Sound Amplification Request

Other _____

Name: _____ Date: _____

Address: _____ Phone#: _____

Email: _____

Organization: _____

*You must be an officially recognized organization or department. No non-MSUM groups.

Start Time/Date of Event: _____ Date of Chalking: _____

End Time/Date of Event: _____ Date of Removal: _____

Purpose: (Please also list area(s) of chalking, campfire location or event location)

I have received and reviewed the appropriate policy and agree to abide by the provisions of the policy. (Chalking policy, Sound Amplification policy or Campfire policy)

Signature of person submitting request: _____

----- **Office Staff Use Only** -----

To be completed by Director of Public Safety/Designee:

Request → Approved Denied

Reason for Denial:

Authorizing Signature: _____ Date: _____