WEST MEAD TOWNSHIP



CRAWFORD COUNTY, PENNSYLVANIA 1150 MORGAN VILLAGE ROAD P.O. BOX 491 MEADVILLE, PA 16335

Telephone: (814) 336-1271

Email: westmead@westmead.org

OFFICE HOURS MONDAY THRU FRIDAY 8:30 TO 4:30

Fax: (814) 336-1707 Website: westmead.org

EVENT OR SPECIAL USE ACTIVITY PERMIT

Please provide information as requested below. Also include a map or drawing showing proposed location and sizes of any structures, tents or signs.

Estimated number of Pe	rsons:		
Set Up Date:	Tear Down	Date:	
Start Time:	Stop Time:		
Name of Organization:			
Name of Contact Person	(s):		
Organization Address: _			
Organization Telephone	number:		
Location Address:			
Location Telephone nun	nber:		
If YES, please explain b	y structures, tents or signs? elow:	YES	NO
Will you need electric or If YES, please explain b	have power generators in place? elow:	YES	NO
A Certificate of Insurance	ce, PA Fireworks Permit and/or ap	proval by T	Township Police Chic
Signature		Date	