

Permit No. _____



City of Columbia Parks and Recreation Permit Request Form

Date: _____

Customer Information:

Full Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Number () _____ - _____ Cell Number () _____ - _____

Event Information:

Date of Event: _____ Type of Event: _____

Specific Location: _____ Estimated Attendance: _____

Event Start Time: _____ Event End Time: _____

Event Set-up Time: _____ To: _____ Event Take down Time: _____ To: _____

Event Description:

Customer Printed Name

Customer Signature

Please Return to:

City of Columbia Parks & Recreation Department
Attention: Pearl Osborne
1111 Parkside Drive
Columbia, S.C. 29203

For Parks and Recreation Staff Only

Approved

Disapproved

Comments:

Randy Davis
Director of Parks and Recreation