

APPLICATION FOR ROAD USE FOR SPECIAL EVENTS
Refer to "*Policy for Special Events on County Roads*"

Name of Event: _____ **Organization:** _____
Applicant Name: _____ **Position:** _____
Address: _____
City/Town: _____ **Province:** _____ **Postal Code:** _____
Telephone No.: _____ **Fax No.:** _____ **Email:** _____

SPECIAL EVENT DETAILS

Parade Bicycle Race Walk-a-thon Procession Filming
 Running Event Street Festivities Other (please specify) _____

Route & County Rd Nos: _____

Date of Event: _____ **Number of Participants:** _____

Start Time: _____ a.m. p.m. **End Time:** _____ a.m. p.m.

Municipality Approval: _____ West Perth North Perth Perth South Perth East
(Signature)

Police Approval: _____
(Signature)

Road Closure Required: Yes No **Road No.:** _____

Confirmation of Insurance Coverage: Attached To Follow

Traffic Control/Signage Provided By: _____

Detour Provided By: _____ **OR** N/A

APPLICATION FOR ROAD USE FOR SPECIAL EVENTS

I/WE HEREBY AGREE TO THE FOLLOWING CONDITIONS:

1. To indemnify and save harmless the County of Perth and the area municipality from any and all claims and/or damages arising out of this road closing and to provide any bond or insurance which may be required in this regard.
2. To provide proof of insurance in the amount of \$ _____
3. To be responsible for any and all costs to provide and maintain sufficient traffic control measures to ensure safety for the traveling public and participants.
4. To accept the responsibility of notifying the public, establishing suitable detour roads, erection and removal of barricades and signs, maintenance and restoration of the County road and detour roads, and all associated costs.
5. To ensure that all areas used for the event are cleaned up and garbage removed.
6. To assume the cost of repair for any damage incurred as a result of the special event, to property owned by the County and any cost for clean-up performed by or on behalf of the County.

Date: _____

Signature: _____

THIS SECTION TO BE COMPLETED BY THE COUNTY OF PERTH

Application Reviewed By: _____

Proof of Insurance Received: No Yes **Amount \$:** _____

Special Conditions:

Following Agencies Advised: Fire Dept Ambulance Other

Date of Approval: _____

Signature: _____

PERMIT NO.:



The Director of Public Works for the County of Perth or any affected area municipality, OPP or their designate may cancel or re-route any Special Event in an emergency situation of for the preservation of public safety and the safety of the participants.

COUNTY OF PERTH
1 Huorn St., Stratford, ON N5A 5S4
TEL: 519-271-0531 EX 311
FAX: 519-271-6265

TOWNSHIP OF PERTH EAST
25 Mill St., Box 455, Milverton, On N0K 1M0
TEL: 519-595-2800
FAX: 519-595-2801

TOWNSHIP OF PERTH SOUTH
4304 Road 122, St. Pauls, On N0K 1V0
TEL: 519-271-0619
FAX: 519-271-6047

FIRE DEPARTMENT
Call local municipality

TOWNSHIP OF WEST PERTH
Box 609, 169 St David St., Mitchell, On N0K 1N0
TEL: 519-348-8429
FAX: 519-348-8935

TOWNSHIP OF NORTH PERTH
330 Wallace Ave N., Listowel, On N4X 1L3
TEL: 519-291-2950
FAX: 519-291-5611

OPP
1-888-310-1122
519-393-6123 Sebringville