Ludlow Memorial Park Shelter Reservation Permit

Application Date:		Official City Stamp for Approval:
Name:		
Address:		
Phone #:		
Date Requested:		
Between the Hours of:		and
Type of Event:		
RULE No bicycles, motorcycles, motorby motorized vehicles are allowed in No glass containers are allowed in No alcoholic beverages or other of found to be intoxicated or otherwith. Individuals or groups that use the condition as they were found. The discarded into authorized containe. Vandalism or thievery of any kind involved will be prosecuted and such All parks close at dusk.	the park(s). If the park(s) without a specton controlled substances are a se under the influence will be parks(s) are expected to a includes, but not necessors. If will not be tolerated in the	cial permit allowing their use. allowed in the park(s). Anyone be ejected from the park(s). to leave the park(s) in the same sarily limited to, that all trash be the park(s). Individuals or groups
ALL LUDL	OW PARKS ARE SMO)KE-FREE
CITY OF LUDLOW ADMINISTRATIVE Date: Approved / Comments:	STAFF USE ONLY: Denied by:	Picked Up / Mailed:

POLICE: _____

APPLICANT: _____

PUBLIC WORKS: _____