Application to use County Roads for Parade Purposes (THIS PORTION TO BE COMPLETED BY APPLICANT)

ORGANIZATION SPONSORING PARADE OR EVENT	
CONTACT INFORMATION FOR PERSON IN CHARGE:	
NAME	TELEPHONE
FAXE-MAIL	
ADDRESS	
TYPE OF EVENT	
DATE OF EVENT	
TIME OF EVENT FromT	·o
COUNTY ROADS TO BE USED FOR EVENT ROUTE	
Conditions: Applicant agrees to save Ocean County harmle above event.	ess from any accident or injury resulting from the
Applicant Name	IMPORTANT - REQUIRED: 1. Certificate of Insurance with Ocean
Signature	County as Additional Insured.
Title	2. Traffic Safety Plan
Telephone	Attach a sketch and/or map to application which <u>clearly indicates</u>
Application Date	event route.
(THIS PORTION TO BE COMPLETED BY MUNICIPALITY)	
APPROVED CONDITIONS	
DISAPPROVEDREASON	
DATED	Print Name
	Plint Name
	Signature
	NA: a L Title
	Municipal Title
	Telephone
(THIS PORTION TO BE COMPLETED BY THE COUNTY)	
THIO TO OKTION TO DE COM	
APPROVED	
DISAPPROVED REASON	
DATED	
DATED	ASSISTANT COUNTY ENGINEER
ADDROVAL IS CONDITIONED UPON ALL PROPONSIBILITY DEING ASSUMED LOCALLY FOR DADDICADES	
APPROVAL IS CONDITIONED UPON <u>ALL</u> RESPONSIBILITY BEING ASSUMED LOCALLY FOR BARRICADES, CROWD CONTROL, AND CONTROL AND DIRECTION OF VEHICULAR AND PEDESTRIAN TRAFFIC.	