



DEPARTMENT OF POLICE

City of Bridgeport, Connecticut

Special Event Permit

Individual's Name: _____

Organization: _____

Address: _____

Telephone: _____

Location of event areas to be barricaded and/or cordoned off:

(DATES AND TIMES OF EVENT)

Signature of Applicant

Date of Request

- The Bridgeport Fire Department **MUST** be notified of any street closures
- Emergency vehicles, including police, fire and ambulance, will be allowed to access the area in the event of an emergency.
- Street vending (selling) is **NOT** permitted without the proper permits.
- Barricade placement should be coordinated with the Department of Public Works. The telephone number is 576-8225
- NOISE LEVELS WILL BE KEPT AT A MINIMUM SO AS NOT TO CREATE A PUBLIC NUISANCE**
- Security **MUST** be provided and should be coordinated with the Police Department Outside Overtime Office. The telephone number is 576-7715.
- Patrol Coverage _____

A completed copy of this form must be maintained at the event.

PERMISSION CAN BE REVOKED FOR CAUSE AT ANY TIME. The individual and/or Organization receiving permission for the event assumes all inherent liability for non-compliance with the requirements listed above and for any negligence associated with conducting the event.

Investigated by: _____ Traffic Division

APPROVED _____

NOT APPROVED _____

AREA COMMANDER