TOWN OF CHELMSFORD POLICE DEPARTMENT PARADE PERMIT APPLICATION

NAME:	ADDRESS:	
CITY OR TOWN:	STATE:	ZIP:
EMAIL:	PHONE:	
DATE OF REQUEST:	DATE OF EVENT:	
PARADE ROUTE (STREETS):		
FORMATION AT (LOCATION):	STARTING AT (TIME):	
NUMBER OF PARTICIPANTS:		
ANY ADDITIONAL INFORMATION:		
PLESE COMPLETE THI JASON POOR – JPOOR@ UNABLE TO EMAIL THE TO 2 OLDE NORTH	CHELMSFORDMA FORM, PLEASE DR	.GOV. IF YOU ARE
FOR E APPROVED: DENIED:	DEPARTMENT USE ONLY	
POLICE CHIEF SIGNATURE:		





DATE OF APPROVAL: