

**TOWN OF CHELMSFORD
POLICE DEPARTMENT
ROAD RACE APPLICATION**

NAME: _____ ADDRESS: _____

CITY OR TOWN: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

DATE OF REQUEST: _____ DATE OF EVENT: _____

NAME OF ORGANIZATION HOSTING RACE/WALK: _____

PERSON IN CHARGE OF EVENT (NAME): _____ PHONE: _____

LOCATION OF RACE: _____

OFFICERS REQUIRED – YES: _____ NO: _____

BILLING INFORMATION: _____

PLEASE COMPLETE THE ABOVE FORM AND EMAIL TO LT.
JASON POOR – JPOOR@CHELMSFORDMA.GOV. IF YOU ARE
UNABLE TO EMAIL THE FORM, PLEASE DROP OFF OR MAIL
TO 2 OLDE NORTH RD – CHELMSFORD, MA 01824

-PLEASE ATTACH MAP OF RACE TO YOUR EMAIL

FOR DEPARTMENT USE ONLY

APPROVED: _____ DENIED: _____

POLICE CHIEF SIGNATURE: _____

DATE OF APPROVAL: _____



2 Olde North Road, Chelmsford, MA 01824
Telephone: 978-256-2521, Fax: 978-256-7094

