

**TOWN OF CHELMSFORD  
POLICE DEPARTMENT  
SPECIAL EVENT APPLICATION**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY OR TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

NAME OF SPECIAL EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVENT CONTACT PERSON (NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

OFFICERS REQUIRED – YES: \_\_\_\_\_ NO: \_\_\_\_\_

BILLING INFORMATION: \_\_\_\_\_

\_\_\_\_\_

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

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**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

