



**SPECIAL EVENT PERMIT
APPLICATION**

City of Isanti
110 First Avenue NW • PO Box 428
Isanti, MN 55040
Phone: 763.444.5512 • Fax: 763.444.5560
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**Special Event Equipment
Request Form**

Event Name: _____

Date(s) of Event: _____

Contact Person: _____

Equipment Drop Off/Pick Up Location: _____

Equipment Drop Off Date/Time: _____

Please list the number of each item requested. Isanti Public Works will determine the availability of equipment for each event, and reserves the right to deny requests. *All equipment must be returned no later than 24 hours after the end of the event. The replacement of any broken or missing equipment will be billed to the event organizers.*

Construction Cones: _____

Picnic Tables: _____

Barricades: _____

Stage: _____

Road Closed Signs: _____

No Parking Signs: _____

Office Use Only

Date Delivered: _____ By: _____

Date Checked In: _____ By: _____