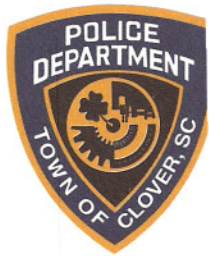


Clover Police Department
112 Bethel Street
Clover, SC 29710

Randy C. Grice
Chief of Police
Tel (803) 222-9494
Fax (803) 222-3085
rgrice@cloversc.org



EVENT PERMIT

Name of Event _____ Date of Event _____

Time _____ # of Attendees _____ Is this Event: Annual One-Time

Event Description (Be specific. Attach event advertisement if available.)

Is a Road Closure being requested: YES NO

If yes, provide name of road to be closed including starting and ending point and start/end time. Attach a map which clearly shows the section of road to be closed.

The Town must apply to SCDOT for permission to close State roads. SCDOT requires a minimum 30 day review period.

Other Town Assistance Being Requested: _____

Applicant Name _____

Address _____

Phone _____ Email _____

Organization _____

Authorized and Responsible Person(s) in Charge:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Applicant Signature _____ Date _____

Approved By _____ Date _____

Randy Grice, Chief of Police