



Fire / Police / Safety Event Request Form

Requestor Name (Please Print):		Requestor Phone Number:	Today's Date:
Sponsoring Organization:		Campus Affiliated Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	Event Name:
Date(s) of Event:	Time of Event:	Type of Event:	
Event Location (Be specific):			Event will be conducted (check all that apply): <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors

Minimum Expected Attendance	Maximum Expected Attendance:	Approximate age of attendees: <input type="checkbox"/> < 17 <input type="checkbox"/> 17 or greater	UNC Affiliated Only: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Event and Activities:			

Are any of the following requested at the event (Check all that apply):

<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Fireworks / Bonfire	<input type="checkbox"/> Tents and Canopies – Size _____ SF
<input type="checkbox"/> Propane / Fuel	<input type="checkbox"/> Band	<input type="checkbox"/> Inflatable/Bounce House–Size _____ SF
<input type="checkbox"/> Guest Speaker(non-UNC)	<input type="checkbox"/> Hay, Straw, Corn Stalks	<input type="checkbox"/> Stages or Platforms – Outside Contractor
<input type="checkbox"/> Pipes and Drapes	<input type="checkbox"/> Fencing / Ropes	<input type="checkbox"/> Holiday Decorations / Materials
<input type="checkbox"/> Parking Passes / Lot	<input type="checkbox"/> Police Officer Present at Event	
<input type="checkbox"/> Food Truck or Booth	<input type="checkbox"/> Alcohol (exclude UC/UNC Athletics)	<input type="checkbox"/> Special Activity: _____
<input type="checkbox"/> BBQ, Grills, or other cooking devices	<input type="checkbox"/> Other _____	

SF – square feet W – Width L – Length H – Height

University Scheduling & Events USE ONLY			
Event Planner:	Phone Number:	Urgent 24-48 Hour Turnaround: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted:
Event Coordinator Comments:			

Send Completed Form to UNC Environmental Health & Safety, Police Department, and Risk Management for Review

Environmental Health and Safety USE ONLY	
Items Needed for Event:	
<input type="checkbox"/> Greeley Fire Department Permit	<input type="checkbox"/> Pre-Event Meeting
<input type="checkbox"/> Pre-Event Walk-through	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Fire Lane Concern	<input type="checkbox"/> Hazardous Materials / Waste
<input type="checkbox"/> Environmental Concerns	<input type="checkbox"/> Other _____
<input type="checkbox"/> Occupancy Load Concern	<input type="checkbox"/> Exit Signs
<input type="checkbox"/> Request Paramedic Services	
Comments: _____	
EHS Review (Print Name)	Date

Police Department USE ONLY	
Items Needed for Event:	
<input type="checkbox"/> Outdoor Event Permit Application	<input type="checkbox"/> Police Officer Present at Event
<input type="checkbox"/> Alcoholic Beverage Permit App.	<input type="checkbox"/> Parking Review
<input type="checkbox"/> Request Paramedic Services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pre-Event Meeting	<input type="checkbox"/> Pre-Event Walk-through
Comments: _____	
Police Department Review (Print Name)	Date

Risk Management USE ONLY	
Items Needed for Event:	
<input type="checkbox"/> Additional Insurance Required	<input type="checkbox"/> Waiver Form Required
<input type="checkbox"/> NO Additional Items Required	<input type="checkbox"/> Liability Coverage Cost Required \$ _____ or Purchase Policy
<input type="checkbox"/> Other _____	<input type="checkbox"/> Parking Review
Comments: _____	
Risk Management Review (Print Name)	Date

Return Completed form within 5 days of Receipt to University Scheduling & Event