

City of Shamokin 9/11 Monument Request Form



Contact Information:

Event Information:

Name of person requesting _____
Name of individual helping
(Minimum 2 people to carry the
sculpture) _____
Phone _____
Email _____
Organization _____

Date _____
Start Time _____
End Time _____
Location _____
Event Coordinator _____

Description of Event (provide a detailed description of the event you are requesting, attach additional pages if necessary)

Important Information - Please Read Carefully

The City of Shamokin has accepted this request for review by the City Administrator and for consideration and/or a vote to grant the requesting organization permission to display the 9/11 sculpture monument. Submission of this request is not a guarantee that your request will be approved. Upon consideration, and authorization to hold the requested to borrow the 9/11 monument you will be notified by the City Administrator that you may move forward with planning and hosting the 9/11 monument. By submitting this application, you agree to reimburse the city for any cleanup and/or damage caused by organizers or attendees of this event. By signing below, you agree that you have submitted this information fully, and accurately, and that you understand requesting permission to borrow the 9/11 monument is not a guarantee that this request will be approved. Also, by signing below, you are taking full responsibility for the monument. The monument must be in a secure location and have someone with it at all times. Form can be returned to City Hall for approval, 47 E Lincoln St Shamokin M-F 8-4, or emailed to codeoffice@shamokincity.org You will receive a phone call with the decision and to discuss details of pick up and drop off.

Submitted by (Requester)

Date submitted

City of Shamokin Use Only

Received by

Date received