

CITY OF GUYMON
EVENT ACTIVITY FORM

Date _____

Contact Name _____

Group Name _____

Address _____

Phone Number _____

Event _____

Date _____

Time _____

Location or Area _____

Will the street need to be blocked? yes no

Activities Planned _____

FOR OFFICE USE ONLY:

City Manager _____

Disposition _____

Parks Dept. Supervisor _____

Public Works Director _____

Police Chief _____

Fire Department _____

Recommendations _____

Response to Customer by _____

Mail to: City of Guymon, 219 NW 4th St. Guymon, OK 73942

Fax to: 580-338-0478 - *Janell McKinnon*