



# BOROUGH OF OAKMONT

767 FIFTH STREET  
 OAKMONT, PA 15139-1524  
 (412) 828-3232  
 POLICE (412) 826-1578  
 FAX (412) 828-3479  
[www.oakmontborough.com](http://www.oakmontborough.com)

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## ***PARKS PERMIT USE APPLICATION***

<b>APPLICANT INFORMATION</b>				
Last Name	First Name	M.I.	Drivers License Number	
Address			Email Address	
City	State	Zip Code	Age	
Day Phone #	Evening Phone		Cell Phone	Fax #
Company/Organization Name			Is this a company sponsored event?	
Company Address/City/State/Zip			Company Phone #	Web Address
Name of Alternate Contact Person			Alternate Day Phone #	Alternate's Cell Phone

<b>RESPONSIBLE PARTY</b>				
Will the applicant be in attendance at this event?			Is the applicant the responsible party?	
Yes:	No:	Yes:	No:	
<b>If applicant is NOT the responsible party for this event, please complete the fields below. Otherwise, please go to General Event Information</b>				
Responsible Party's Name (on-site event supervisor)			Driver's License #	
Address			E-mail Address	
City	State	Zip	Age	
Day Phone #	Evening Phone		Cell Phone	Fax #

## GENERAL EVENT INFORMATION

Name of Event	Event Dates (include setup/clean up)	Expected attendance per day
Describe your event and activities in as much detail as possible including games		
How many of the participants will be under the age of 21?	If any, how many adult supervisors will be in attendance>	
Event Date Time (include set-up)	Event End Time (include clean-up)	
Park	Specific Area of Park	
Company Address/City/State/Zip	Company Phone #	Web Address
Name of Alternate Contact Person	Alternate Day Phone #	Alternate's Cell Phone
Are you a 501(c)3 non-profit?	Do you have commercial liability insurance? What are the limits?	

I understand and agree that by applying for this permit I am responsible for the conduct of the attendees. I have read the Borough's parks usage policy and understand and agree that I am responsible for any violation of the rules and condition of issuance of the permit by any attendee that such a violation may result in the immediate cancellation of this permit, once issued, by any public officer or police officer of the Borough of Oakmont. I agree to abide by the rules and certify that I, on behalf of the applicant or organization, am also authorized to commit that organization, and thereof agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the event to the Borough of Oakmont. I also understand that acceptance of application should in no way be construed as a final approval/confirmation of this request.

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Company, if applicable*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

Date Certificate of Insurance was provided \_\_\_\_\_

Fee Paid (if required) \$ \_\_\_\_\_ Date \_\_\_\_\_