



CITY OF MCCOMB

PARADE REQUEST

Name of Organization or Group: _____

Date and Time of Event: _____

Name of Event: _____

Parade Route (Please list specific streets) _____

Name of Organizer _____ Contact Number _____

The organization or group above wishes to advise the City of McComb of a proposed parade within the City.

Signature: _____ Date: _____

OFFICE USE ONLY

Approved Date: _____ Signature: _____

Copies for Police Chief, Fire Chief, Public Works Director/ City Clerk keeps original

Special
Instructions _____

