



# CITY OF MCCOMB

## STREET ASSEMBLY REQUEST

Name of Organization/Person Holding Assembly: \_\_\_\_\_

Date and Time of Assembly: \_\_\_\_\_

Place of Assembly: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Reason for Assembly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Organizer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

The organization or individual above wishes to advise the City of McComb of a street assembly within the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If this request is made by an organization, it must be signed by a person with legal representation.

## OFFICE USE ONLY

Approved Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Special  
Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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