

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF
PARKS, RECREATION AND CONSERVATION

APPLICATION FOR USE OF SHOWMOBILE

Organization Name: _____

Address _____

DATE(S) REQUESTED _____

Type of Activity _____

Location of Use (Be specific) _____

Location Address _____

Time Requested: From "" _____ "a.m." "p.m." To _____ "a.m." "p.m." (Do not include travel time)

Special Requirements/Comments: Chairs Music Stands PA system Generator
Additional staging _____

APPLICANT NAME _____

ADDRESS _____

_____ Daytime Phone # _____
Town State Zip Cell Phone # _____

Applicant Signature _____ Print _____ Date _____

Office Use Only

Showmobile Reserved For _____

Received of _____ Amount \$ _____

Check # _____ Cash Credit

Transaction # _____ Parks Dept. Staff Signature _____

SORRY NO REFUNDS – CREDITS WITH 3"Y GGMNOTICE

It is the responsibility of the applicant to contact the Parks Operation Office at 854-4949 one week prior to the event to confirm date, location and special equipment requested.

In the event of cancellation, please contact 854-4949.