

# Huron City Commission - Request Form

Application Date: \_\_\_\_\_

<b>Please Check the Appropriate Box:</b>	
<input type="checkbox"/> Lottery / Raffle (30-days prior notice required)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Parade (Indicate Route): _____ _____	

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant Phone:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Time & Duration:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Other:**

**APPLICANT SIGNATURE:** \_\_\_\_\_

**Return Completed Form To:**  
City of Huron  
239 Wisconsin Ave SW  
PO Box 1369  
Huron, SD 57350  
Phone: 605-353-8502  
Fax: 605-353-8506

Form also available online: [www.huronsd.com](http://www.huronsd.com) , click "City of Huron" then "Forms/Documents"

CITY PERSONNEL USE ONLY	
<b>Date approved by City Commission:</b>	
<b>Special Conditions:</b>	
<input type="checkbox"/> Applicant	<input type="checkbox"/> Street Dept
<input type="checkbox"/> Police Dept	<input type="checkbox"/> Traffic Dept
<input type="checkbox"/> Fire Dept	<input type="checkbox"/> Other
<b>Date:</b>	<b>Employee Int:</b>