



**City of Marshall
Parade, Marches, and Demonstrations
Application**

Application Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone: (Day) _____ *(Night)* _____

Organization Name: _____

Event/Purpose: _____

Date & Time: (Example: January 1, 2004 from 9AM to Noon)

Route: (Please attach map of route)

Additional Information:

Applicant's Signature: _____ *Date:* _____

Note: Please send the original signed application to the Office Manager at City Hall, 201 S. Michigan Ave., PO Box 298, Marshall, IL. 62441. E-mail or fax applications will not be accepted. If you have any questions, please contact the Office Manager at (217) 251-8084.

Application Received By: _____ *Date:* _____

Application Approved Date: _____

Application Denial Date: _____