Special Event Notice





		EVENT NO	FIFICATION & NEIGHBO	RHOOD INPUT			
Event	Name:		Event Location:	Event Location:			
	Dates:		Event Hours:	Event Hours:			
	Closures:						
	ime Closed:		Day/Time Reope	ay/Time Reopened:			
We are thrilled to be guests in your neighborhood and it's important to us that we are communicating clearly with you, the neighbors, to determine if there are any comments or concerns related to the event and/or proposed street closure. I have provided a copy of the site plan and details of the street closure explaining the proposed Special Event. If you have any comments or concerns related to the event, please note in the applicable column. If you prefer to contact the City's Events Administrator directly, contact Cheryl Sumners at 480-312-7834 or csumners@scottsdaleaz.gov . Please read before filling out: I hereby declare that I am an authorized representative of the listed business and have been informed by the event applicant/designee of the event details, including proposed street closures. By marking "No" for concerns, I am relaying that I have no significant concerns about the event. By marking "Yes" for concerns, I am relaying that I have concerns with the event and/or street closure and will state the reason(s) why in the comment box.							
concerns, runn relaying that r have concerns with the event analysis street closure and win state the reason(s) why in the comment sox.							
DATE	PRINTED NAME	TITLE (Owner, Manager, etc.)	EMAIL	BUSINESS NAME & ADDRESS	DID YOU RECEIVE A COPY OF THE SITE PLAN?	CONCERNS?	
					☐ Yes	☐ Yes	
					□ No	□ No	
COMMENTS/CONCERNS:							
					□ Yes	□ Yes	
СОММІ	ENTS/CONCERNS:						
					□ Yes	☐ Yes ☐ No	
соммі	ENTS/CONCERNS:						
					□ Yes □ No	☐ Yes ☐ No	
соммі	ENTS/CONCERNS:						