



SUMMERVILLE
18 DREAM 47

Downtown Summerville Special Event Permit Request

DREAM Acknowledgement Form

Name of Festival or Special Event: _____

Location of the Event: _____

Proposed Date(s) of Event: _____

Alternate Date(s) for Event: _____

Event Setup time: _____ Actual Event: _____ to _____ Breakdown time: _____

Estimated number of attendees (including event staff): _____

Requesting Organization: _____

Permit Holder/Event Point of Contact: _____

Mobile Number: _____ Email: _____

List any/all streets which may need to be closed during the event (include date and times of proposed closures):

The undersigned DREAM representative acknowledges notification of the above-referenced event and road closure(s).

Authorized Official: *Name and Title* _____

Signature _____ Date _____