



Town of Ixonia

W1195 Marietta Ave. • P.O. Box 109
Ixonia, Wisconsin 53036
Phone: (920) 261-1588 • Fax: (920) 261-8988

TOWN OF IXONIA Specialty Event Application

The following information is to be filled out by the person who is responsible for or in charge of the specified event.

NAME (Contact Person): _____

DAYTIME TELEPHONE NUMBER (cell or pager): _____

ORGANIZATION or SPONSOR: _____

DATE of APPLICATION: _____ SIGNATURE: _____

Will the event require either of the following items from the Town?

Barricades YES NO Lights on Barricaded? YES NO

If yes, when _____ and where _____

APPLICATION FOR PARADE PERMIT

NAME OF PARADE: _____

DATE and TIME OF PARADE: _____

ROUTE (provide a map): _____

APPLICATION FOR STREET CLOSING

NAME of STREET/PARKING LOT to be CLOSED: _____

DATE & TIME(S) of EVENT: _____

STREET CLOSED between (street name): _____ and (street name): _____

PERSON RESPONSIBLE for POLICING AREA (clean up and etc.) _____

DESCRIBE EVENT AREA & ATTACH A MAP OF THE EVENT AREA: _____
