



Attachment D: Property Owner Authorization

Property Owner Name _____ Phone _____

Property Owner Home Address _____ Phone _____

Property Address _____

Name of Event Organization _____ Date _____

Representative/Manager _____ Title _____

Address _____ City _____ State _____ ZIP _____

Work Phone(____) _____ Home/Cell Phone(____) _____

Event Description _____

Dates Approved: Start _____ End _____

Time Frame: Start _____ End _____

No. of Attendees Authorized _____

Additional Information _____

As the above listed property owner, I hereby give my permission for the event listed above to be held at the above address during the listed dates and times.

I acknowledge that the information given is true and correct and agree to adhere to all rules, regulations, and policies established by Clearfield City Corporation. The undersigned agrees to waive and release all rights and claims that might be had against Clearfield City Corporation for any and all injuries or losses suffered because of participation in or use of Clearfield City facilities or services.

Signature _____

Date _____