City of Belen

Special Events

100 S. Main St. Belen NM 87002 (505) 864-8221
www.belen-nm.gov

Print Form

Instructions: Complete this form, print and submit it to Risk Management 30 (thirty) days prior to the event.

Name of Organization _____ Contact Person _____

Phone Number _____ Contact Phone Number _____

Mailing Address _____ City/State/Zip _____

Event Name _____ Date of Event _____

Event Location _____ Start and End time of Event _____

Reason for the Event _____ Time barricades put up and take down _____

Check all that apply:

The event will name the City of Belen as additional insurer for the minimum of $100,000. (Required **ONLY** if using city property for the event.) Insurance Company: _____

- o Certificate of Insurance naming City of Belen as additional insurer.
- o Notify the **Belen Police Department** of event. Signature of Contact _____
- o Special Request:
  - ☐ Welfare checks
  - ☐ Extra patrol
  - ☐ Road closures list streets and duration: _____
- o Hire additional event security if needed.

  Name of Company: _____ Signature of contact_____
- o Notify the **Belen Fire Department, Fire Chief** Signature of contact_____
- o Special Request:
  - ☐ Fire Truck
  - ☐ EMS/Rescue
- o Notify **Emergency Management Office**. Signature of contact_____
- o Notify the **Street Department** Signature of contact_____
- o Notify the **City Manager** (if city property needs to be used.) Signature of contact_____
- o Notify **Planning and Zoning** Signature of contact_____

Comments or other considerations: _____

_____ _____
Signature of event Sponsor/Organizer Date

_____ _____
City of Belen Risk Manager Date