



TOWN OF MOUNT GILEAD

Event Request For The Town



Event Name: _____

Address of Event: _____

City: _____ State: _____ Zip Code: _____

Best Contact#: _____ Email: _____

EVENT DATE: _____

SIGNATURE OF HOST: _____ **DATE:** _____

More Information For The Request From The Town

- Portable Restrooms: _____ Yes _____ No _____ Amount
- Trash Cans: _____ Yes _____ No _____ Amount
- Marquee Advertisement _____ Yes _____ No
(If yes please fill out Marquee Request Application Form)

PLEASE READ: Please submit this form at least 14 days prior to the event. Your request cannot be processed unless all forms are completed in full. All requests are subject to availability to supply what is needed for the event. Once your request has been processed you will receive a confirmation via email. Please do not assume that your request has been granted unless you receive a confirmation notice. If you need to cancel an event, please send an e-mail or call at least 5 days before the event to:

Dylan Haman, Town Manager: dhaman@mtgileadnc.com or 910-439-6687
Mollie Lee, Customer service/Accounts Payable Clerk: mlee@mtgileadnc.com or 910-210-0953
Lessie Jackson, Enterprise/Utility Billing Manager: ljackson@mtgileadnc.com or 910-210-0952