

LFUCG Special Events Permit Application
(Supplement)
Division of Emergency Management

Event Name:

Dates and Location:

Event Contacts

List the senior organization representative who will be *on site* during the event:

Name:

Title:

Cell:

E-mail:

Does the person named above have the authority to stop/postpone the event if an emergency occurs? If not, provide the contact information for the organization representative who *is* authorized to make such decisions:

Name:

Title:

Cell:

E-mail:

Severe Weather Planning

Describe how event staff will monitor potential severe weather threats:

Describe the event managers' contingency plans for the following weather events (including thresholds, cancel/delay criteria, etc.):

Lightning:

High Winds:

Heavy Rainfall:

Describe how cancellation/delay decisions will be communicated to attendees:

Describe where attendees would take shelter in the event of a dangerous weather event:

Additional Comments:

Please return this form to:

**LFUCG Division of Emergency Management
Attn: Heather Carrier, Planning Officer
E-mail: hcarrier@lexingtonky.gov**