

Village of Oakwood
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EVENT PERMIT APPLICATION

Application Date _____

Company/Organization/Resident Name _____

Street Address _____

City/State/Zip _____

Contact Person _____

Phone _____

Email _____

EVENT INFORMATION

Name of Event _____

Date of Event _____

Type of Event _____

Start time _____

Finish time _____

Projected Attendance _____

Event Location _____

Will you be requesting road closure? (please circle) Yes No

APPROVAL SIGNATURES:

PW _____

Date _____

Police Chief _____

Date _____

EMS _____

Date _____

Mayor _____

Date _____