



Town of Medicine Park

P.O. Box 231 • 154 East Lake Drive • Medicine Park, OK 73557-0231
(580) 529-2825 • FAX (580) 529-3110

SPECIAL USE PERMIT APPLICATION

Event: _____

Date of Event: _____

Times of Event/Total Use Times: From: _____ am/pm To: _____ am/pm

Applicant(s): _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Approximate number of Guests: _____

Electricity? _____ Yes _____ No

Non-Resident Fee: \$150.00

Resident Fee: \$75.00

I, the undersigned, understand that I am responsible for removing items used for the event. Additionally, I understand I must leave the premises in the same condition as upon my arrival and will remove any refuse compiled by the event.

Applicants Signature

Date

Rental Authority Name & Signature

Date