Clear Form

CITY OF CADILLAC, MICHIGAN
REGISTRATION/APPLICATION FOR USE OF CITY PARK

_____
Person/Group requesting use of park

_____
Type of Use

_____ _____ _____
Date of requested use Start Time End Time

_____ _____
Contact Person Address

_____ _____
City/State/Zip Telephone Number

Special Requests:
_____
_____

Date Submitted: _____

Signature _____

****

APPROVAL: _____ _____
Clerk's Office/Date City Manager/Date

_____
Public Works/Date

Fax: 231-775-8755
Phone: 231-775-0181

Fax or Mail to: **City Clerk**
200 N. Lake Street
Cadillac, MI 49601