



# chicago park district

## 2007 LAKEFRONT REGION MAINTENANCE SERVICES APPLICATION

**INSTRUCTIONS:** Please complete this application accurately. The information you provide will be used to create an accurate estimate. This application must be completed and submitted sixty (60) days prior to the event.

### EVENT INFORMATION

Event Name: \_\_\_\_\_

### LOCATION

Park: \_\_\_\_\_ Specific Location: \_\_\_\_\_

### EVENT DATE(S)/TIME(S)

Set-Up Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Teardown Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

### ADDITIONAL EVENT INFORMATION

Number of Event Participants: \_\_\_\_\_

Please describe what type of refuse will be generated (i.e., food service, cardboard, vendor, sponsors, etc.): \_\_\_\_\_

Will laborers be needed to remove garbage and garbage bags? *(Please check all that apply)*

- YES, during the event       YES, at the conclusion of the event

Will laborers be needed to provide clean-up services to the grounds? *(Please check all that apply)*

- YES, during the event       YES, at the conclusion of the event

Which of the following Special Services will be needed? *(Please check all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Garbage Truck Available On-Site | <input type="checkbox"/> Garbage Receptacle Liners | <input type="checkbox"/> Recycling Receptacles       |
| <input type="checkbox"/> Garbage Receptacles             | <input type="checkbox"/> Coal Receptacles          | <input type="checkbox"/> Recycling Receptacle Liners |
| <input type="checkbox"/> Snow Fencing                    | <input type="checkbox"/> Other: _____              |  |

### EVENT ORGANIZATION INFORMATION

Name of Event Organizer: \_\_\_\_\_

Organization/Production Company: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_  
*(if applicable)* *(attached current verification)*

Street Address: \_\_\_\_\_ Apt/Unit/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Please complete and **fax** this form to:

Frank Amato  
Operations Supervisor – Lakefront Landscape  
Chicago Park District  
Fax: (312) 747-2765  
Phone: (312) 747-2516

Once you are invoiced, please mail all **payments** for Maintenance Services to (must be **received** 14 days prior to event):

Keith Wilkins, Project Manager  
Chicago Park District  
541 N. Fairbanks Ct., 4<sup>th</sup> Floor,  
Chicago, IL 60611  
Fax: (312) 742-5339  
Phone: (312) 742-4846