

Request Received:

May 27, 2008

Corporate Services Commission

Event Code: 2008-308

SPECIAL EVENT-WORK ORDER ROAD USE NOTIFICATION

Event Name:

Fiesta Canada's Multicultural Day

Overview:

This is a special event recognizing Canada's diverse multicultural mosaic of citizens living in the

Markham area.

When:

June 27, 2008 - 1700H – 2400H

Facility/Location: Markham District Veteran's Association, 7 Washington Street, Markham

Admission: Free

Anticipated Number of People: 500-1500 people

Will Alcohol Be Served: Yes

Organization & Contact Information

Name:

Trevor Cleland

Title:

President

Organization: Markham District Veterans' Assocn.

Eve Tel: 905-470-1456 Cell Tel: 416-410-7671

Fax:

Address:

First Name

7 Washington Street

City, Prov. PC:

Markham, ON L3P 2R3

Last Name

Day Tel:

(905) 294-3159

Email: traltd@primus.ca

Web: www.markhamvets.bravehost.com

Road Use Contact Information

Day Prior:

Trevor

Cleland

905-470-1456

Telephone

Day of:

Trevor

First Name

Cleland Last Name 416-410-7671

Telephone

Summary of Roads Involved

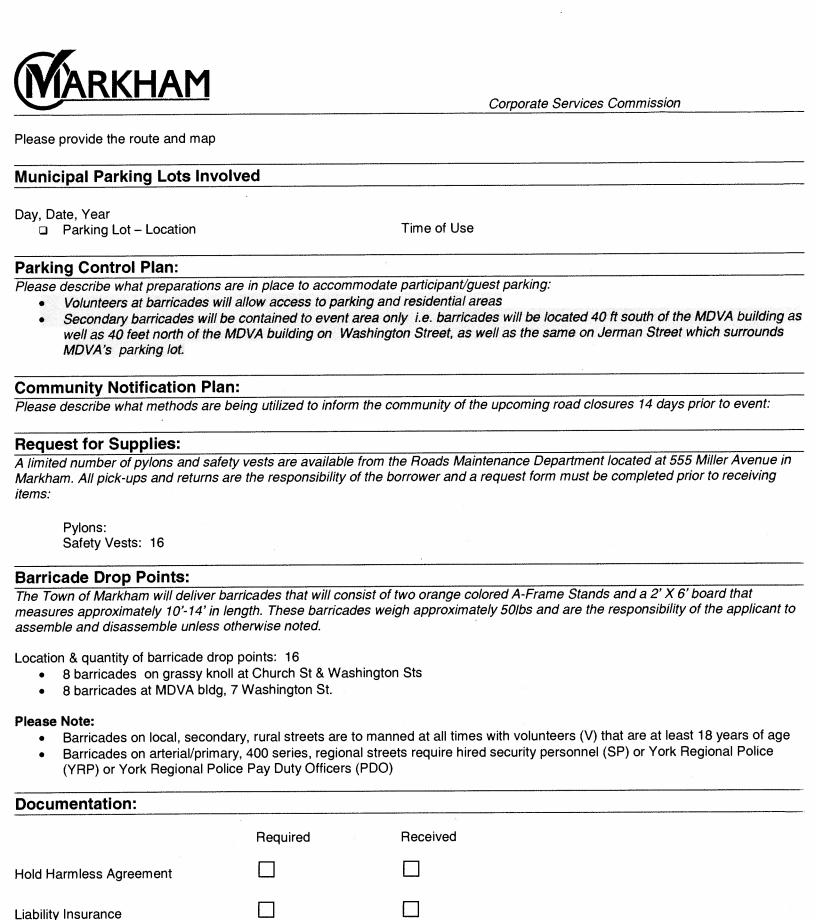
Date

Friday, June 27, 2008

Start Time & End Time: 17:00H - 2400H

Classification of roads in use: Secondary/ Local/ Roadways

- This event will be contained to the sidewalks / roadways / road closure on the following roads:
- Washington Street from Hwy 7 to south Centre Street
- Jerman Street from Hwy 7 to south Edward Street



	RKHAM			
				Corporate Services Commission
Insurance Ce	ertificate			
Deposit				
Traffic Contro	ol Plan			As developed by Town of Markham Operations – Roads Maintenance Department
Condition	s of Road Closure	} -		
One week pri	suspension of the e The road right of wa result in Town Staff responsibility of the Compliance with an ior to the event: Confirm arrangeme Payment of fees for Appropriate approva Provide notification road(s) closure Post signs notifying anditions:	event. ay must be cleat completing the event. ay and all other of the event of the event. and all other of the event of	r of litter and debris task at a cost of \$1 conditions imposed es, pylons, safety ve vices provided by the esidences, churches	within the 24 hours following the event. Failure to do so will 50 per hour (3 hour minimum) with charges being the by the Town of Markham and its Departments. Sets and road signage with the Special Events Coordinator e Town of Markham must be received and businesses regarding the date, time and duration of the potential traffic delays
Amount:	\$100.00 plus GST			Credited to Account Number: 700-998-9299
Approval L	_evels:			
□c.	erks Department	ed within a spe		proval from the following group(s): There is a minimum number of homes involved
Road Use tha	at occurs within the righ	t-of-way of a re	gional road:	
Пус	ork Region Transportati	on & Works Da	nartment	

Road Use that occurs within the right-of-way of a provincial road:



		Corporate Services Commission		
☐Ministry of Transportation/Road V	Vork Scheduling & Coor	dination Unit		
Cancellation of a Road Closure:				
If the timing of the road closure is altered for any reason, the applica Markham Fire & Emergency Services York Region EMS York Regional Police Town of Markham, Special Events Co-ordinator		nt must immediately notify the following emergency services: 905-477-2011 800-668-7821 or 705-726-8103 905-881-1221 ext. 7001 905-477-7000 ext. 3797		
Distribution:				
Town of Markham		 MFES Operations & Asset Management Special Events Co-ordinator Town Clerk York Region Transit York Regional Police Ministry of Transportation Ontario Provincial Police Toronto Transit Commission 		
Please sign and return to Failure to do	the Special Event Coo	ordinator at least 60 days prior to your event. ability to commit to your event.		
I/We requesting the rental/use of The Corp form (the "Facility/Location") do hereb Town of Markham and its elected offi	, on behalf of ooration of the Town by hold and save ha cials, directors, offic dessors and assigns	of Markham Facility/Location noted above on this rmless and agree to indemnify The Corporation of the ers, employees, servants, agents, contractors and with respect to any and all actions, debts, suits,		
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Client Signature:

Corporate Services Commission

Date:

demands, costs, damages and expenses whatsoever arising either directly or indirectly as a result of the rental/use by me/us/it of the Facility/Location.

I/We have read and understood the Special Event Registration Form and its terms and conditions and agree to abide by them during the rental/use of the Facility/Location.

I/We have the authority to bind the corporation.

Stree	t Party Sign	natures							
Please	provide signa	atures of all the affected residen	nce.						
We, the	e residents of	the above noted address, are a	aware and support the above note	ed closure.					
Date	House Number	House Name	Family Name	Signature	Phone Number				
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