CITY OF LOWELL

RECREATION DEPARTMENT
CITY HALL ROOM 7
375 MERRIMACK STREET
LOWELL, MA 01852
(978) 674-4175
Fax : (978) 970-4065
Email: smontbleau@lowellma.gov

Bernard F. Lynch
City Manager

Thomas R. Bellegarde
Commissioner of Parks & Recreation

John J. Linnehan
Chairman, Board of Parks

Peter Finnegan
Vice Chairman, Board of Parks

FACILITY REQUEST

FACILITY REQUESTED: _____ **SPORT/EVENT:** _____

GAME _____ **PRACTICE** _____ **TOURNAMENT** _____ **OUTING** _____ **SPECIAL EVENT** _____

DATES & TIMES REQUESTED:

FEES: Permits are issued in increments of 2-hour blocks. Please be specific and only request the dates and times that you will definitely use. Schedules must be attached and submitted with this form. Cawley Stadium turf/fields and the Shedd Park Pavilion are issued in 4-hour blocks and are not operated from the fee structure below. Requests pertaining to these locations will require you to attend a Board of Parks meeting for approval where fees will be determined based on amenities needed. The deadline to get on a Board of Parks agenda to attend a meeting is 12:00 Noon on the Friday prior to a meeting. Fees are subject to change.

Resident Adult	**$ 25.00 / 2 hours**
Non-Resident Adult	**$100.00 / 2 hours**
Non-Resident Youth	**$ 50.00 / 2 hours**

The Parks & Recreation Department accepts payments in the form of cash or money order. No personal checks accepted.

ORGANIZATION: _____

CONTACT INFORMATION

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: (H) _____ **(W)** _____ **PHONE: (H)** _____ **(W)** _____

(CELL) _____ **(FAX)** _____ **(CELL)** _____ **(FAX)** _____

E-MAIL: _____ **E-MAIL:** _____

***The permit holder is responsible for following the guidelines of the permit.**

CITY SERVICES

Special Events:	**Chris Samaras**	**(978) 674-1481**	**Health Inspector:**	**Laurie Purcell**	**(978) 446-7025**
Detail Police Officer:	**Ken Shaw**	**(978) 937-3205**	**Liquor License:**	**Ryan Winn**	**(978) 674-4156**
Fire Prevention:	**Deputy Phil Lemire**	**(978) 459-5554**			

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY
RECEIVED BY: _____ **DATE:** _____