CITY OF REDLANDS - PUBLIC WORKS DEPARTMENT
PARK RESERVATION/REQUEST

35 Cajon Street, Suite 222, P.O. Box 3005, Redlands CA 92373 (909) 798-7655

(Reservations taken year-round. No reservations made without full payment of fees/deposit and completion of form.)

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Reservation Date _____

Name of Park: ☐ Sylvan ☐ Ford ☐ Brookside ☐ Smiley ☐ Jennie Davis ☐ Texonia
☐ Crafton ☐ Ed Hales ☐ Prospect ☐ Community ☐ Other_____

Applicant's Name_____ Contact Person_____

Name of Organization_____

Address_____

City_____State_____Zip_____

Phone Numbers (W)_____ (H)_____ (C)_____

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☐ **GROUP 1** ☐ **GROUP 2** ☐ **GROUP 3**

Reservation/Permit Fee $_____ Clean-up Deposit $_____ Use Fee $_____

No. of People _____ Times: _____am/pm to _____am/pm

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SYLVAN PARK PICNIC AREAS

____**Section "A"** (circle tables desired)
1 2 3 4 5 6 7 8
9 10 11 12 13 14 15 16 17
Table Fee _____

____**Section "C"** (circle tables desired)
1 2 3 4 5 6 7
Table Fee _____

_____**Gazebo**
Times:_____am/pm to _____am/pm
No. of Hours _____
Hourly Fee _____

_____**Covered Picnic Area**
Times:_____am/pm to _____am/pm
No. of Hours _____
Hourly Fee _____

TOTAL SYLVAN PARK PICNIC AREA FEES _____

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TOTAL FEES PAID _____ **DATE** _____

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APPLICATION/PERMIT FOR AMPLIFIED SOUND/OTHER EQUIPMENT

Type of amplification/other equipment_____

Nature of use_____

Time of day to be used_____am/pm to _____am/pm (Chapter 12; Redlands Municipal Code)

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Applicant shall comply with all City laws governing use of Redlands parks. Applicant shall defend, indemnify and hold harmless the City, and their respective officials, officers and employees, from and against any and all claims, lawsuits, damages, losses, injuries, costs and liabilities for injury (including death) to persons or property arising from or associated with applicant's, and applicant's officers', employees', agents' and invitees', negligent or intentionally wrongful acts or omissions in conducting applicant's activity allowed by this permit. Applicant Initial _____

NOTE: This permit is subject to immediate cancellation by any Police Officer or agent of the City of Redlands who determines that any provision(s) of the City of Redlands Municipal Code have been violated.

Applicant may be required to provide the City, for review and approval, certificates of insurance for public liability insurance to protect against loss from liability for damages on account of bodily injury and property damage arising from applicant's activity. Such insurance shall name on the policy or by endorsement, as additional insureds, the City, and their respective elected officials, officers, employees and agents. Such insurance shall include not less than One Million Dollars ($1,000,000.00) per occurrence and two million dollars ($2,000,000) in the aggregate of comprehensive general liability insurance, including bodily injury and property damage coverage, together with such other and additional coverage as the City's Risk Manager may determine to be prudent. Insurance coverage shall be maintained for the duration of applicant's activity.

PROOF OF INSURANCE REQUIRED: Policy No. _____

Insurance Company_____

Signature of Applicant_____Date_____

_____Approved _____Disapproved Authorized Signature_____Date_____

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Distribution: Office Parks Division Police Department Applicant REVISED: 12/27/06