



SACRAMENTO HISTORIC CITY CEMETERY
1000 BROADWAY, SACRAMENTO CA 95818
(916) 808-4070 - cemetery@cityofsacramento.org

EVENT REQUEST FORM

Date of Request: _____

Type of Event: _____

Date of Event: _____ Start Time: _____ End Time: _____

Number of People Attending: _____ Set-Up and Clean-Up Time Needed: _____

Sponsoring Organization: _____

Responsible Party: _____ Contact Number: () _____

Email: _____ Mailing Address: _____

Event Information:

Will food be served? Yes No

Will amplified sound be used? Yes No

Will alcohol be sold or served? Yes No

Location within Cemetery: (attach map if applicable)

How many of these items will be used at the event?

Tables (6'): _____ Folding Chairs: _____ Other
Items: _____

Rules and Regulations

Initial ____ In case of emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.

Initial____ I hereby attest that the information in this application is true and correct. **I understand that this is only an application and not a guarantee the activity will be permitted.**

Initial____ The Responsible Party will be financially responsible for any costs incurred by the City for damages to City property.

Initial____ The Responsible Party agrees to fully indemnify, defend, and save harmless, the City of Sacramento, it's officers, agents, employees, and volunteers from and against all actions, damages, costs, liability claims, losses, judgements, penalties and expenses of every type and description, to the extent such liabilities are caused by or result from any negligent act or omission or willful misconduct of the event participants in connction with its use of City of Sacramento facilities.

Initial____ All debris and trash must be removed from the permitted site immediately after the event.

Initial____ Sacramento City Code 12.72.135 prohibits smoking in the City cemetery.

Initial____ If insurance required under City determination for your activity, it must be submitted on a standard ACORD form, or on the insurance company's letterhead. The City of Sacramento must be listed as the certificate holder as well as additional insured with respects to General Liability. An endorsement naming the "The City of Sacramento, its officials, agents, employees, and volunteers" must accompany the Certificate of Insurance. The endorsement page is often referred to as page CG 2011.

Agreement and Signature

I, the undersigned representative, have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf.

Name(printed): _____ Date: _____

Signature: _____

City Determination

Approved: Yes No Insurance Required: Yes No

Other Conditions: _____

City Representative: _____ Date: _____
