



353 S Broadway St
P.O. Box 155
Stanley, Wisconsin
54768-0155
715-644-5758
www.ci.stanley.wi.gov

REQUEST FOR CITY SERVICES/USE OF STREETS

Name of group requesting service: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone number: _____

Date(s) of request service(s): _____

Service(s) requested: _____

Location of requested service(s) or affected street(s):

Does the applicant(s) organization have liability insurance? ☐ Yes ☐ No

Signature of Applicant _____ Date _____

City Use Only

Please use City Ordinance on Street Use Permit Sec. 6-7-1 as a part of your review.

Recommendation of Chief of Police ☐ Yes ☐ No Signature: _____ Date: _____

Recommendation of Public Works ☐ Yes ☐ No Signature: _____ Date: _____

Recommendation of Fire Chief ☐ Yes ☐ No Signature: _____ Date: _____

If no, please briefly explain:

Approved By City Council Yes No Date of Council Action _____