



City of Plymouth CALIFORNIA

Event Traffic Trailer Request Form

Trailer 1:

Location: _____

Screen One: _____

Screen Two: _____

Date/Date Range: _____

Trailer 2:

Location: _____

Screen One: _____

Screen Two: _____

Date/Date Range: _____

Event: _____

Organization: _____

Representative: _____

Contact #: _____

Contact E-mail: _____

Approved By: _____ Date: _____