



CHICO POLICE DEPARTMENT

ACTIVITY REPORT FORM

This form should not be interpreted as a permit for the listed activity. The organization/responsible person is required to comply with all laws and city ordinances

Organization Name: _____

Responsible Person: _____ Telephone Number: _____

Landlord / Property Manager / Property Owner:

_____ Telephone Number: _____

Event Location: _____

Type of Activity: _____

Type of Music: Band: _____ DJ: _____ Stereo: _____

Estimated Number of Participants: _____

Date(s): _____

Times: Start: _____ Finish: _____

Security Company and/or Monitors: Yes: _____ No: _____ How Many? _____

Name of Security Company (if any): _____

Rest Room Facilities: Yes: _____ No: _____ Porta-potties: Yes: _____ No: _____

cc: Watch Commanders
Briefing Log
Special Operations
Dispatch

Special Operations Section, 1460 Humboldt Rd., Chico, CA 95928, (530) 897-4940