DUTCHESS COUNTY DEPARTMENT OF HEALTH
Health Planning & Education
85 Civic Center Plaza – Suite 106, Poughkeepsie, NY
12601 Tel: (845) 486-3421 Fax: (845) 486-3561

COMMUNITY EVENT REQUEST

Please note: Event Requests will be considered on a case by case basis pending staff availability.

Date of Request: _____

Event Name:_____ **Type of Event**: _____

Date of Event: _____ **Time of Event:** _____ **RSVP BY:** _____

Set up time: _____ **Tear down time:** _____

Location of Event / Address: _____

Is the event: ☐ Inside? ☐ Outside?

Event includes the provision of: ☐ Tents ☐ Tables ☐ Chairs ☐ Tablecloth ☐ Electricity ☐ Wi-Fi

Expected Audience: _____

Description of Event's goal/purpose:_____

Topics of Interest:

☐ Sexual Health	☐ Tickborne Disease	☐ Narcan Training	☐ Diabetes
☐ Heart Health	☐ Drowning Prevention	☐ Overdose Prevention	☐ _____
☐ Lead Poisoning Prev.	☐ Suicide Prevention	☐ _____	☐ _____

Other (specify) _____

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Organization in charge of the Event: _____

Contact Person: _____

Telephone: _____ **Email**: _____

Backup Contact for Day of Event: **Name:**_____ **Cell Phone:**_____

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Submit This Form

FOR DOH OFFICIAL USE ONLY: DATE RECEIVED:_____ Assigned to : _____ Supervisor Signature of Approval: _____ Materials Needed: Tent ☐ Tablecloth ☐ Table Runner ☐ Other:_____ e Needed:_____

Materials Available for Pick Up (date) :		**Materials to be Returned by (Date):**		
Attendance:	**Organization:**	**Weather:**	**Location:**	**Audience:**