



Department of Public Affairs
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UNIFIED OPERATIONS PLAN

Name of Event: _____

Location: _____

[If location is a Right-of-Way, attach specific route/area of event]

Date(s)/hours: [Including move-in move-out dates.]

Date _____ / _____ (AM/PM) to: _____ (AM/PM)

On site primary contact:

Name: _____

Office: _____ Home: _____

Mobile: _____ Email: _____

Event description:

Documents, permits, forms, required by event and status

Special responsibilities / obligations of event organizer
