



TOWN OF
AMHERST
MASSACHUSETTS

Application for Reservation of a Town Way

(Use this form to reserve a road or park for a block party, road race, parade, or other parking requests.)
Information contained on this form is public information.

Name of Applicant/Organization: HOPE COMMUNITY CHURCH

Address of Applicant/Organization: 16 ~~3~~ GAYLORD ST. AMHERST MA.

Contact name & Title: DEACON TIMOTHY HALEY + PASTOR CARLOS W. ANDERSON

Phone Number: 413-345-0026 413-478-6443 Email: TIMOTHYHALEY777@GMAIL.COM/CARLOS65ANDERSON@GMAIL.COM

Event/Reservation Begins: JUNE 14th Event/Reservation Ends: → INDEFINITELY
Date Time Date Time Gmail.com

Address or Location of Event: HOPE COMMUNITY CHURCH -
For road race or parade, please include the route with starting and ending locations. Applicant must provide a detailed map of entire route

Name of Event: ASKING FOR 3 SPOTS DIRECTLY IN FRONT OF SANCTUARY.

Type of Event: EVERY DAY. WE ARE REOPENING AFTER COVID. (2+ YEARS)
 Reserve parking spaces for construction, repair, demolition, moving van, painting, or cleaning
 Parade, road race, or block party
 Partial road closure Full road closure
WE CURRENTLY HAVE ZERO PARKING SPOTS. WE WILL BE HAVING MEETINGS DURING THE WEEK AS WELL AS SUNDAY.

(Reservations or closures may require the hiring of detailed police officers.)

Number of people anticipated in connection with the event: _____

Clean-up plan: _____

Will food service, bathroom facilities, and or tents be utilized? _____

What, if any, type of equipment will be in the Public Way: _____

Equipment/Vehicle Location: Sidewalk Road Curb Lane Traffic Lane Bike Lane

How many feet of lane usage is required or what are the metered parking space number(s) you are seeking to reserve? _____

(The applicant agrees that the use of sound equipment will be reduced or eliminated upon the request of the Amherst Police Department.)

I have read the attached Rules and Orders Regulating Paved Areas and agree to abide by them.

Applicant Signature: Timothy Haley Date: 6/14/22

OFFICE USE ONLY

Approved _____
Chief of Police Date:

Additional Police Required: _____

Approved _____
Town Manager Date

Additional Comments _____

