



REQUEST FOR "TOLL BOOTH"

Contact Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Organization Name: _____

Event: _____

Date of Event: _____

Time You Are Requesting Toll Booth: _____

Location You Are Requesting: _____

*** All minors working a "Toll Booth" must be accompanied by an adult

*** Safety cones must be placed on either side of where you are standing – Cones can be picked up in the Mayor's Office the day before your event is scheduled.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved _____ Not Approved _____ Reason _____

Location of Toll Booth: _____

_____ Date: _____ City
of Coshocton

Upon approval this application becomes the formal Toll Booth Permit
760 Chestnut Street Coshocton, OH 43812 740-622-1465 www.cityofcoshocton.com