



CYCLE ROAD EVENT PERMIT
(For more information see Town of Verona Ordinance 2016-1)

7669 County Highway PD, Verona, WI 53593-1035
845-7187 (office phone), 845-7143 (office fax)

Issue Date: _____

Name of Event _____

Requested By (Organization Name) _____

Address _____ City _____ State _____ Zip _____

Name of Person in Charge _____

Phone _____ E-mail _____

Date of Event _____ Time Range of Event _____
(A separate permit is required for each separate date) (Start/End time)

Description of Route _____

- Copy of a Certificate of Liability Insurance in the name of the Town of Verona is enclosed
- Map of route is enclosed
- Rules have been provided to participants

Signed _____ Date _____

OFFICE USE ONLY: APPLICATION RECEIVED: _____ Next Town Board Meeting: _____