



Byron W. Brown
Mayor

CITY OF BUFFALO 2020 SPECIAL EVENTS WEBSITE CALENDAR

Contact Information

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drizzo@city-buffalo.com

Please complete and return this form along with your application. Completion of this form will publicize your event that has been submitted to the Special Events Advisory Committee

and assist others to avoid your date and/or site. Your event will be posted after approved by the S.E.A.C.

E-mail, mail or fax to:

Office of Special Events
65 Niagara Square Room 606
Buffalo, NY 14202
Fax: 716-851-4080
kjohnson@city-buffalo.com
drizzo@city-buffalo.com

1. **Name of Event** _____

2. **Purpose of Event** _____

3. **Sponsoring Organization** _____

4. **Location of Event** _____

5. **Participants expected #** _____

6. **Date(s) of Event** _____

Date	_____	start time	_____	close time	_____
Date	_____	start time	_____	close time	_____
Date	_____	start time	_____	close time	_____
Date	_____	start time	_____	close time	_____

7. **Contact Person** _____

8. **Phone** _____

9. **Fax** _____

10. **Email** _____

Comments: _____

I understand and agree completion of this application gives permission to the City of Buffalo to publicize the above event information on the City of Buffalo website.

Applicant Signature _____ **Date** _____