



CITY OF THE DALLES  
Department of Public Works  
1215 West First Street  
The Dalles, Oregon 97058

**STREET BANNER PERMIT**

Applicant Name: Mid-Columbia Health Foundation  
Applicant Address: 1700 E. 19<sup>th</sup> St.  
City: The Dalles State: OR Zip Code: 97058  
Contact Person: Cynthia Korte  
Phone #: 541-506-6494 Cell phone #: 541-340-9039

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Date of Event: December 5-8, 2018 Festival of Trees  
Dates of Placement: From Nov 5-19 to \_\_\_\_\_  
Location for Street Banner to be Installed: Second & Jefferson Streets  
Special Provisions: \_\_\_\_\_

**Office Use – Receipt of Required Items:**

☒ Liability Release for Community Service Activities  
☒ Proof of Insurance (per Street Banner Permit Policy requirements) Received 8/21/18  
\$25 Banner Permit Fee ☐ Cash ☒ Check (Check # 042526A)  
Receipt # 518455

Applicant Signature: [Signature] Date: Aug 13, 2018  
Approved By: [Signature] Date: 8/21/18

LIABILITY RELEASE FOR STREET BANNER PLACEMENT

☒ PRIVATE ORGANIZATION

☐ PUBLIC AGENCY

☐ INDIVIDUAL

(IF A MINOR, SIGNATURE  
OF PARENT OR GUARDIAN  
REQUIRED)

Release between \_\_\_\_\_  
and the City of The Dalles.

MCCHF shall hold harmless and release the  
City of The Dalles, its employees, agents and representatives, against any and all damages,  
claims, demands, actions, causes of action, costs, and expenses of whatsoever nature arising  
from the condition of the street banner which is provided to the City for placement.

For public agencies this release applies only to the extent permitted by Article XI, Section 7 of  
the Oregon Constitution and by the Oregon Tort Claims Act.

Date: Aug 13, 2018.

APPLICANT

CITY OF THE DALLES

[Signature]  
Signature

\_\_\_\_\_  
Signature

Event Coordinator  
Title

\_\_\_\_\_  
Title

Address: 1700 E. 19th  
The Dalles OR 97058

Date: \_\_\_\_\_

Phone: 506-6494

If a minor, signature of parent or guardian is  
required. Otherwise one signature is  
sufficient.

[Signature]  
Signature

\_\_\_\_\_  
Relationship

Address: \_\_\_\_\_

Phone: \_\_\_\_\_