City of Wauwatosa Special Event Organizer Notification Attestation

I, _____, certify that the following agencies were notified about potential impacts caused by a special event titled _____, scheduled on/from _____.

Check all groups that were provided notification of the special event:

- ☐ Property owners, residents, and/or businesses
- ☐ Alderpersons of the district
- ☐ Milwaukee County Transit System
- ☐ Emergency Medical Services Division
- ☐ Medical College of Wisconsin
- ☐ Railroad companies
- ☐ Zilber Hospice
- ☐ City of Wauwatosa Department of Public Works

By signing below, I attest that notification of the above named special event was provided to the groups indicated.

Applicant Signature: _____ Date: _____

Form modified 01/09/2026