

**SPECIAL EVENT
AFTER ACTION REPORT**



Name of Event _____

Event Date(s) _____ Event Times _____

Event Organizer _____

OVERALL OPINION OF THE EVENT -

LOCATION –

STREET CLOSURES –

PARKING –

ATTENDANCE –

VENDORS –

UTILITIES –

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SANITATION –

SECURITY –

MEDICAL –

FIRE –

MARKETING –

ANIMALS –

EQUIPMENT –

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SIGNAGE –

SET UP –

TEAR DOWN –

ALCOHOL –

ENTERTAINMENT –

MISC (Event Specific)–

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NOTES