



# Special Consideration Request For Independent Contractors

**Livonia**  
PARKS & RECREATION

*\*Form must be completed by party responsible for pavilion rental\**

Name: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

Rental Location: \_\_\_\_\_

**I hereby request permission to have the following for my picnic by independent contractors:**

Canopies/Tents \_\_\_\_\_  
(number & size)

Tables & Chairs \_\_\_\_\_  
(number & size)

Inflatable attractions \_\_\_\_\_

Caterer \_\_\_\_\_

Other \_\_\_\_\_  
(Please be as descriptive as possible)

**A Certificate of Liability Insurance must be submitted by your contractor's insurance agent naming the City of Livonia as additional insured (\$1,000,000) on the certificate to the Livonia Parks & Recreation Department at least three weeks prior to your rental date (see attached example).**

Name(s) and address(es) of all independent contractors (use back of paper if needed):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please remember that your contractor must supply their own source of power.**

Please see the Park Attendant on the day of your reservation for placement of your attraction.

**Please return this completed form to the Parks & Recreation Department for approval.**

Mail: Livonia Parks & Recreation, Attn: Kim Schendel, 15100 Hubbard, Livonia, MI 48154

Email: [kschendel@livonia.gov](mailto:kschendel@livonia.gov)

Phone Number: (734) 466-2913

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**Office Use Only**

Approved by: \_\_\_\_\_

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

Date(s) Certificate Received: \_\_\_\_\_