



# STREET CLOSURE APPLICATION

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

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

Mailing address: \_\_\_\_\_

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

Name of Event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Date of Closure: \_\_\_\_\_ Time From: \_\_\_\_\_ To: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Please attach a detailed diagram of area including barricades.



Police Chief Recommendation:  Approve  Deny Signature: \_\_\_\_\_

Public Works Recommendation:  Approve  Deny Signature: \_\_\_\_\_

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

City Clerk or Designee

Application is:  Approved  Denied  Emailed to Applicant/Police/Fire/Public Works