



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.

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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

\*Barricades will delivered to the location by the city. It is the applicants' responsibility to set them out at the approved time.