

Request for Temporary Street Closure

Date: _____

Name and/or Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Request to have _____ closed
(Name of Street)

From the intersection of _____ to _____

Date(s) of closure: _____

Time(s) of closure: _____

Reason for closure: _____

Signature of Applicant: _____

It is the responsibility of the applicant to coordinate necessary barricades, etc., with the Police Department, Public Works Department, and Safety/Maintenance Department.

Reviewed and approved by:

Main Street Manager DPW Superintendent Safety/Maintenance Director Police Chief Fire Chief

City Manager granted /denied request on: _____

Date

Initials