



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: _____


~~~~~

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

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

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

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

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

City Clerk or Designee

Application is:  Approved  Denied  Emailed to Applicant