



This form must be completed and submitted for any special event that is seeking road closure permission.

A special event application may also be required for approval.

\*any street closure request turned in within 30 days of the closure may not be approved

Contact Inforr	mation				
Date of Request:					
Organization Reque	esting Closure:				
Person Making Request:				Phone Number:	
Event Name:Event Date:				Email:	
List all streets	requesting to be	closed			
Street Desired:	fron	n:	to: _	(0:)	
	(Street name)	(Street name)		(Street name)	(Time/date)
Street Desired:	fron	n:	to:		
	(Street name)	(Street name)		(Street name)	(Time/date)
Street Desired:	fron	n:	to:		
	(Street name)	(Street name)	<u> </u>	(Street name)	(Time/date)
I understand that	this request is granted s	ubject to the following	g condi	tions:	
	t will not be used or blocked				
	created that would unreaso	•		•	
	the street, crosswalk or int				
•	ded. *This request does n	_		•	towing ability
within your street t	closure, you will be require	ed to submit a special e	venis a	ррпсацоп.	
Applicant Signature				Date	
City Mana	ger Signature				