EVENT CLOSING OF RIGHT OF WAY FORM

CITY OF LAGRNAGE, KENTUCKY

Name of Organization: _____

Address:

_____

_____

Day and night time phone number: _____ /_____

Event name or reason for closing:

_____

_____

Date of Closing: _____

Time of day closed: _____ Time of Day to reopen: _____

Street to be closed: _____

From: _____ street to _____street

Street to be closed: _____

From: _____street to _____street

Signature: _____ Date: _____

Processing Fee: _____

Mayor: _____ Date: _____

LaGrange Police Chief: _____ Date: _____

*** All events that require the closing of a public right of way inside the city of LaGrange must submit proof of public liability insurance before right of way closing is granted. The insurance must cover the event listed above and be listed in the policy or as a separate rider to the policy.**

City of La Grange

307 West Jefferson Street La Grange, KY 40031

Phone:(502)222-1433 / Fax:(502)222-5875

Website: www.lagrangeky.gov

John W. Black
Mayor
mayor@lagrangeky.gov

Heather Woodcox
City Clerk
hwoodcox@lagrangeky.gov

Event Closing of Right of Way Agreement

This is an agreement between The City of LaGrange and

_____

I understand that by requesting the right of way to be closed for my event I am responsible for all cones and signs that have been reserved for the event from the LaGrange Public Works Dept. It is my responsibility to pick up the needed road closure materials from the Public Works Dept and return them Immediately after the event or not later than ___-___-____. Should I fail to return the signage or if damaged, I understand that there will be a replacement fee for each item I've received, and/or future road closures will not be permitted.

Fees are as follows:

Barricades $50.00/$120.00

Barricades: _____(qty)

Road Closed Sign $120.00

Road Closure w/stand _____(qty)

Cones $20.00

Cones _____(qty)

Public Works Rep. _____

Signature of Responsible Person _____ Date :_____

Printed Name._____ Contact#:_____