

APPLICATION FOR STREET-CLOSING

NAME _____

ADDRESS _____

PHONE NUMBER _____

STREET TO BE CLOSED _____

REASON _____

DATE OF CLOSING _____

HOURS OF CLOSING _____

I, the undersigned, understand that the temporary closing of a street is granted with the understanding that emergency vehicles shall have access at all times, as well as local traffic. I further understand that I bear responsibility for cleaning up the street before it is reopened, and that I further bear responsibility for any damages that may occur while the street is closed. The street will be closed only during the hours specified, and any complaints raised by those who occupy the street may be cause for reopening the street before the specified closing time.

Name of Applicant

City Clerk

APPROVAL:

- ☐ Department of Public Safety
- ☐ Department of Public Works