

REQUEST TO CLOSE STREET/ALLEY

Date/s for closing _____

Organization/person requesting: _____

Address _____ Phone _____

Reason for street/alley closing: _____

List Street/alley requesting to be closed – include starting and ending points and time of day.

Street _____ from _____ ending _____ From/to
_____ am/pm _____ am/pm

Street _____ from _____ ending _____ _____ am/pm _____ am/pm

Street _____ from _____ ending _____ _____ am/pm _____ am/pm

HIGHLIGHT THE ABOVE ON THE ATTACHED MAP
ALSO – ATTACHED PROPERTY OWNER CONSENT FORM NEEDS TO BE FILLED OUT.
Failure to contact affected owners may result in denial.

BARRICADES NEEDED _____ YES _____ NO

Will there be amplified music/noise? _____yes _____no During What hours? _____
Outdoor music may require permit – You must contact Police Department.

If this is a County Road, authorization needs to be attached – either a letter or email from County. Attached? _____

Signature _____ date _____

Printed name _____

COUNCIL APPROVED _____ DENIED _____ DATE OF MEETING _____

ROUTED TO PUBLIC WORKS DEPARTMENT _____ ROUTED TO POLICE DEPARTMENT _____

