

**EXHIBIT A: APPLICATION FOR STREET CLOSURE**

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Applicant Telephone Number:** \_\_\_\_\_

**Applicant Email:** \_\_\_\_\_

**Accountability Resident (Name and Contact Information):** \_\_\_\_\_

1. Proposed Street Closure Location (please be sure to indicate where the road closure starts and ends).

\_\_\_\_\_

2. Proposed date and Time of Closure: \_\_\_\_\_

3. Rain Date/Alternative Date (if necessary): \_\_\_\_\_

4. Reason for the Street Closure Request:

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

5. Please list all persons and addresses that will be impacted by this proposed street closure. Please request that they sign indicating that they agree and consent to this road closure for the proposed date and time (please add extra pages if necessary):

Name and Address (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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*For Police Department Use Only*

