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:_____

   _____ _____

   _____ _____

   _____ _____

   _____ _____

   _____ _____

   _____ _____