

Request for Street Closure Form

Person(s) Requesting the Street Closure: _____

Organization Name: _____

Address: _____

Phone Number: _____

E-Mail: _____

Name & Phone Number of Alternate Contact: _____

Street to be closed: _____

Intersecting Streets: _____

Date & Time to be closed: _____

Reason for Closure: _____

Signatures of affected property owners must accompany request. (Form Attached)

Please list the type of activities to be conducted during the event. _____

=====FOR STAFF USE ONLY=====

Police Recommendation: _____

Police Chief / Designee

Date

Approved by:

Ben Thatcher, City Manager

Date

Request Requires:	YES	NO
City Council Approval		
Exception to the Noise Ordinance		
Special Event Permit		
Parade Permit		
Other Requirements:		