



STREET CLOSING APPLICATION

This application must be filed no later than 15 days prior to street closing date applied for.

Application Date: _____ Street Closing Date(s) Applied For: _____

Purpose or Event: _____

Street desired to be closed: _____

From: _____ To: _____
(Street or Avenue) (Street or Avenue)

Time street closing will Begin: _____ Will End: _____

Sponsoring Organization: _____

Contact Person: _____ Contact Phone #: _____

Has this event been approved previously for a street closing? _____ Yes _____ No

Barricades Needed _____ Yes _____ No

Poly Carts Needed _____ Yes _____ No Number Needed _____

Picnic Tables Needed _____ Yes _____ No Number Needed _____

Person responsible for barricade, poly cart & picnic tables: _____

Staff Use Only

Approved: _____

Denied: _____

Signed _____
Name & Title

Date: _____