

Street Closing Request Application

Today's Date: _____

Applicant Name: _____

Address: _____

Phone: _____

Email: _____

Reason For Closure: _____

Date Of Closure: _____

Time: (From) _____ (To) _____

Additional Comments: _____

Section Of Street To Be Closed: _____

(Please Indicate Street Section To Be Closed On Map Attached To Back Of This Form)

Application Is: Approved Denied

By: _____ Date: _____

Please note:

- **Street closings shall not obstruct or interfere with the free egress of emergency response vehicles or personnel.**
- **Applicant is responsible for removing signs and opening street at the close of the event.**