



## Request for City Street Closure Application

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Application is for: (circle all that apply)

**National Night Out      Block Party      Special Event      Other**

If Other Explain: \_\_\_\_\_

Brief Description of Proposed Request: \_\_\_\_\_

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### Proposed Street Closure Request Information

Date of Proposed Street Closure: \_\_\_\_\_

Location of Proposed Closure:

\_\_\_\_\_ Street Closed      From \_\_\_\_\_ Street - To \_\_\_\_\_ Street  
(Main Street Being Closed)

Time of Proposed Street Closure: \_\_\_\_\_ a.m. or p.m. To \_\_\_\_\_ a.m. or p.m.

Proposed Duration of Closure: \_\_\_\_\_

Closure: (circle conclusion)

**Approved      Approved with Stipulation      Denied**

Stipulation: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Mayor \_\_\_\_\_

Chief of Police \_\_\_\_\_

Utility/Street Superintendent \_\_\_\_\_