



# Street Closure Permit

- **Name of Applicant/Organization:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Organization:** \_\_\_\_\_
- **Date of Event:** \_\_\_\_\_
- **Start Time of Event:** \_\_\_\_\_
- **End Time of Event:** \_\_\_\_\_
  
- **Street are you requesting to be closed:** \_\_\_\_\_
  
- **Describe the event and/or reason for closing the street:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_