

THE FOLLOWING MUST BE FILLED OUT BY THE APPLICANT

Name, address and telephone number of applicant:

Street to be blocked: _____

From: _____ To: _____

Purpose of street closure: (Detailed explanation, use additional pages if necessary)

Will people be charged to enter the event? _____

Please indicate the charges: _____

Proposed date of street closure: _____

Time street closure will begin: _____ End: _____

Number of anticipated participants: _____

Will musical groups or bands be performing: _____

If yes what time will the performance end: _____

What will be done about trash removal: _____

Remarks: _____

I certify that the above information is true and correct and that I am acting as a representative of the residents of the neighborhood and that I have contacted the residents who will be affected by the street closing and all are in favor.

Applicant's Signature

Date

APPROVAL

CITY TRAFFIC ENGINEER DATE

CHIEF OF POLICE DATE