



Street Closing Request

(Street closings are subject to approval from the City Manager's Office. This Request must be completed and received by the Manager's Office not less than 7 days preceding a City Council Meeting.)

Name: _____ Address: _____ Phone Number: _____

Reason for the Request Closing: _____

Requested Street Closing: _____ Street between _____ Street
and _____ Street

Date: _____ Starting Time: _____ Ending Time: _____

No street will be closed during the hours of 10 p.m and 8 a.m.

Additional Date, if applicable:

Date: _____ Starting Time: _____ Ending Time: _____

Have each resident or business which is located on or within 75 feet of the street you are requesting to be closed or whose access will be affected by closing of the street, acknowledge their approval of the street closing by obtaining the signature of the resident, business owner, or authorized representative, and provide the date you contacted the resident or business. Each resident or business, by signing below, states they are supporting the closing of the street. (Use below and next page if needed to obtain all signatures.)

Signature Date Address Phone #

Signature Date Address Phone #

Signature Date Address Phone #

CERTIFICATION: The undersigned hereby certifies that the foregoing Request and the information provided therein are true, accurate, and complete; and that the undersigned understands that the Request can be denied if the Request and information are not true, accurate, or complete.

Signature of Person Making Request

Print Name

