



Event Street Closure Request Form

(Please attach a \$50.00 payment for street closure request)

Event Name : _____

Street(s) Closure location(s) requested: _____

***Please submit a map of the requested street closure with your request form**

Date/Time of Street Closure requested: _____

Date/Time of Street(s) re-opening: _____

Reason for Requested Street(s) Closure: _____

****Written Notification of businesses/residents adjacent or within 200 feet of proposed street closure is required.***

- Have you notified the businesses/residents within the 200' requirement? Yes ____ No ____
- Date of notification: _____
- Please submit a list of names/addresses you have notified
- Please submit a copy of your written letter of notification

Additional Comments: _____

Submitted by: _____ Signature: _____ Date: _____

Street Closure Request must be submitted at least 60 days in advance of event