



City of Marshall Temporary Street Closing Application

Application Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone: (Day) _____ (Night) _____

Organization Name: _____

Street To Be Closed: (Example: Archer Ave. From 7th To 5th)

Date & Time: (Example: January 1, 2017 from 9AM to Noon)

Additional Information:

Applicant's Signature: _____ Date: _____

Note: Please send the original signed application to the Office Manager at City Hall, 201 S. Michigan Ave., PO Box 298, Marshall, IL. 62441. E-mail or fax applications will not be accepted. If you have any questions, please contact the Office Manager at (217) 251-8084.

Application Received By: _____ Date: _____

Application Approved Date: _____

Application Denial Date: _____