



## STREET CLOSURE FOR SPECIAL EVENT

**EVENT NAME:** \_\_\_\_\_

The above listed event received a street closure permit for a community event.

**STREET CLOSURE DATES:** \_\_\_\_\_

**STREET CLOSURE TIMES:** \_\_\_\_\_

*Route/street closure map must be attached.*

Names of streets to be closed (attach further closures on a separate sheet if needed)		
	Between (street)	And (street)
Time of Street Closure	Start:	End:
Participant type and number of entries of each type (check all that apply):		
<input type="checkbox"/> Participants/Spectators _____ <input type="checkbox"/> Animals _____ <input type="checkbox"/> Vehicles _____ <input type="checkbox"/> Floats _____ <input type="checkbox"/> Busses _____ <input type="checkbox"/> Bikes _____		

**I certify that the entities listed below have been notified about my upcoming special event.**

<b>Signature of Sponsor or Authorized Representative</b>	<b>Date</b>
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Name/Business	Address	Phone	Email