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:_____

☐ ***Traffic management plan and map*** **must be** ***attached.***

Names of streets to be closed (attach further closures on a separate sheet if needed)		
	Between (street)	And (street)
	Between (street)	And (street)
	Between (street)	And (street)
	Between (street)	And (street)
	Between (street)	And (street)
	Between (street)	And (street)
	Between (street)	And (street)
Time of Street Closure	Start:	End:
Participant type and number of entries of each type (check all that apply): ☐ Participants/Spectators _____ ☐ Animals_____ ☐ Vehicles_____ ☐ Floats _____ ☐ Busses _____ ☐ Bikes _____.		

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

Signature of Sponsor or Authorized Representative		**Date**	

Name/Business	Address	Phone	Email