



STREET CLOSURE FOR SPECIAL EVENT

I. 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)
	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):		
<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 _____		

II. FEES
 Street Closure for Special Event Fee \$250 _____

TOTAL DUE AT TIME OF SUBMITTAL: _____

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

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