

**STREET/ALLEY CLOSING FORM**

LOCATION: \_\_\_\_\_

DATE AND TIME: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BARRICADES NEEDED: \_\_\_\_\_

(Notify Street Department one week in advance by calling 667-8234 and barricades will be delivered)

FOOD VENDING? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

I have contacted all of the residents who may be affected. Names and addresses are on the reverse side.

\_\_\_\_\_  
Signature

APPROVED: \_\_\_\_\_  
Chief of Police

APPROVED: \_\_\_\_\_  
City Manager

- cc Utility Director
- Service Director
- Fire Chief
- EMS Chief
- Planning Director

