City of Tipp City
260 South Garber Drive
Tipp City, Ohio 45371
937.667.8425 – telephone
937.667.5816 – fax

STREET/ALLEY CLOSING FORM

LOCATION:_____

DATE :_____**Time from:** _____ **to:** _____

PURPOSE:_____

_____

REQUESTED BY: _____

ADDRESS:_____**PHONE:**_____

_____**FAX:** _____

****Barricades needed*: Yes* _____ **No**_____

Applicant assumes ALL liability for barricade & sign placement & maintenance.

I have contacted all residents/businesses who may be affected. Names and addresses are on Page 2, reflect their approval of the proposed closure.

Attach detour plan as Page 3, including map showing proposed closure, detour route, sign & barricade placement, etc.

_____ _____
Date **Signature**

Approved: _____ **Approved:**_____
Chief of Police **City Manager**

Cc: Police Chief
Utilities Director
Service Director
Fire Chief
EMS Chief
Community & Economic Dev. Director
Parks/Street Supt.

DATE APPROVED_____

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We the undersigned agree to and acknowledge the proposed street/alley closure as requested in this application.

NAMES (Signature)	ADDRESSES	Phone #
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
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16)		
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18)		
19)		
20)		

Add additional pages as necessary!