



**City of Tipp City  
260 South Garber Drive  
Tipp City, Ohio 45371  
937.667.6305 – telephone  
937.667.2231 – fax**

## **STREET/ALLEY CLOSING FORM**

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

**DATE :** \_\_\_\_\_ **Time from:** \_\_\_\_\_ **to:** \_\_\_\_\_

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

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

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

\_\_\_\_\_ **FAX:** \_\_\_\_\_

**\*\*Barricades & signs shall be provided by the City of Tipp City Public Works Department. Applicant is responsible for coordinating barricades and signs with the Public Works Superintendent, he can be reached at 937-667-7538.**

**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.**

\_\_\_\_\_

\_\_\_\_\_

**Approved:** \_\_\_\_\_  
Chief of Police

**Approved:** \_\_\_\_\_  
City Manager

**Approved:** \_\_\_\_\_  
Chief of Emergency Services

**Approved:** \_\_\_\_\_  
Public Works  
Superintendent

**Cc: Police Chief  
Municipal Services Director  
Emergency Services Chief  
Public Works Superintendent  
Downtown Tipp City (ONLY Main St. Closures)**

**DATE APPROVED** \_\_\_\_\_



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

<b><u>NAMES (Signature)</u></b>	<b><u>ADDRESSES</u></b>	<b><u>Phone #</u></b>
1)		
2)		
3)		
4)		
5)		
6)		
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18)		
19)		
20)		



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*Add additional pages as necessary!*