



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.

Date

Signature

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.

NAMES (Signature)	ADDRESSES	Phone #
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
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17)		
18)		
19)		
20)		



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Add additional pages as necessary!