



STREET CLOSING APPLICATION

Name of Organization Applying for permit:

Contact Information:

Name: _____

Address _____

Phone _____ email _____

****please provide a certificate of insurance for the event**

Date(s) and time(s) of street closing:

_____ am _____ pm

_____ am _____ pm

Name of street(s) and description of area to be closed:

Purpose for street closing:

***Attach a map showing area of the requested street closure.**

ITEMS REQUESTED:

Barricades _____ No _____ Yes _____ number needed

Trash Barrels _____ No _____ Yes _____ number needed

Picnic Tables _____ No _____ Yes _____ number needed

with umbrellas _____ No _____ Yes _____ number needed (15 maximum)

Fencing _____ No _____ Yes _____ number of sections (3 12' sections)

additional fencing options available—see reverse

***IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT
DEPT OF PUBLIC WORKS THREE DAYS PRIOR TO EVENT
AT 920.623.5908 TO MAKE ARRANGEMENTS FOR ITEMS REQUESTED***

Applicant Signature

Date

Initials/date received in clerk's office

Council Action

Date of Action