REQUEST FOR ROAD CLOSURE

Requesting Agency:

Name	
Street	
City, State Zip	
Phone	

Event Data:

Event Name:	
Start Date:	
Start Time:	
End Date:	
End Time:	

Note: Requests made less than 5 days before the event cannot be honored.

1st Street to be Closed

Street Name	
From Intersecting Street	
To Intersecting Street	

2nd Street to be Closed

Street Name	
From Intersecting Street	
To Intersecting Street	

Are barricades needed? ☐ YES ☐ No
Barricade Pick-up Date: _____ Time: _____
Are "No Parking" signs needed? ☐ YES ☐ No

_____ _____
Applicant Signature Date

Approval by the Mayor is <u>REQUIRED</u>:

_____ _____
Mayor Date

Distribution: ☐ Police Department Received On:_____
☐ Highway Department Received On:_____
☐ Borough Manager Received On:_____