



Charles City Street Closing Request and Permission Form

Date of application _____

1. Date of closing: _____ Time: _____

2. Date of reopening: _____ Time: _____

3. Reason for closure: _____

4. Street(s) to be closed: _____

5. Person or organization sponsoring event: _____

Address: _____ Phone # _____

Person in charge (if organization) _____

The applicant agrees to accept responsibility for the event and will close the road in a safe manner to protect participants. The applicant agrees to publicize the event in a manner so affected property owners may be notified.

Phone # _____ Signature: _____

6. Any special information: _____

INTERNAL USE:

Authorization is hereby: Granted _____ Denied _____ to the above named person or organization for a street closure on the above dates and time.

Chief of Police

Notification sent to:

Street Department: _____

Fire Department: _____

Ambulance: _____