

CHARLES CITY STREET CLOSING REQUEST AND PERMISSION FORM

THE ORGANIZER AND OR APPLICANT WILL AGREE TO AND ACCEPT RESPONSIBILITY OF THIS EVENT.

DATE OF APPLICATION _____

1. DATE OF CLOSING: _____ TIME: _____
 2. DATE OF REOPENING: _____ TIME: _____
 3. REASON FOR CLOSURE: _____
 4. STREET(S) TO BE CLOSED: _____
 5. ALL AFFECTED PROPERTIES HAVE BEEN NOTIFIED? YES _____ NO _____
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6. PERSON OR ORGANIZATION SPONSORING EVENT: _____
ADDRESS: _____ PHONE # _____
PERSON IN CHARGE (IF ORGANIZATION) _____
PHONE # _____ SIGNATURE: _____

7. ANY SPECIAL INFORMATION: _____

INTERNAL USE:

8. 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

9. NOTIFICATION TO:
SUPERINTENDENT OF THE STREET DEPARTMENT _____
FIRE DEPARTMENT _____
AMBULANCE _____