

SPECIAL EVENT STREET CLOSURE NOTIFICATION FORM

Name of Individual or Organization: _____

Contact Name: _____ Phone: _____

On Site Contact: _____ Phone: _____

Date of Event: _____

Start Time: _____ End Time: _____

Describe Event: _____

Location of Event: _____

Street Closures Due to Event: _____

Please provide the information requested below to acknowledge that you are aware of the street closure related to the event described above.

[illegible]