Street Closure/Resource Request

Event Name: _____ Event Date: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ SEV# (required): _____

Event Hours:

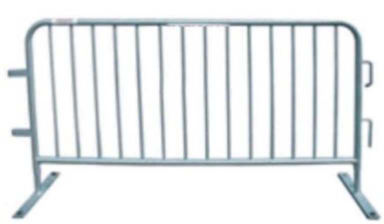
Open(Date/Time): _____ End(Date/Time:) _____

Roads Affected

Street Name	From	To	Total? Partial-Lanes?	Closing (Date/Time)	Open (Date/Time)

Alternative Routes for Traffic

Please attach detour routes (can use Google Maps) Make sure to include North/South and East/West

Street Closure/Resource Request

Resource	How Many?	Date Received	Fees	Date Returned	How Many?