



## Street Closure Request

Date(s) of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Planner/Contact: \_\_\_\_\_

Event Planner/Contact Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please select your category:

Special Event       Sporting Event       City/School/Private

Identify the street name, section of street, date of closure, and times of closure:

Street Name	Block: From	Block: To	Date	Times
Example: Yampa	7 <sup>th</sup>	9 <sup>th</sup>	6/25/19	12-6

Requested Number:

\_\_\_\_\_ No Parking Signs

\_\_\_\_\_ Cones

Staff has pre-determined the equipment needed for a street closure. A map and description of the type of equipment and where it needs to be placed will be provided to the event producer once your permit has been approved.

Please provide any additional information regarding your street closure request:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date