



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 th	9 th	6/25/19	12-6

Requested Equipment:

_____ Number of Cones

_____ Number of Barricades

_____ Number of No Parking Signs

Please provide any additional information regarding your street closure request:

Signature

Date

City of Steamboat Springs Use Only

Request Reviewed By: _____

Approved

Denied