REQUEST FOR STREET CLOSURE

LOCATION: _____

REASON: _____

DATE(s) OF EVENT:
FROM: _____ TO: _____

ROAD BLOCKED:
FROM: _____ TO: _____

REQUEST FOR BARRIERS: ☐ YES ☐ NO

TO BE PLACED AND REMOVED BY: _____

IF BLOCK PARTY APPROXIMATE NUMBER OF PEOPLE ATTENDING: _____

It is fully understood and agreed that road barriers will be immediately removed should it become necessary at any time and/or for any reason so decided by authorized departments or persons – and/or for any emergency reason.

It is further understood and agreed that no illegal activity or any violation of Township Ordinance will be permitted.

CONTACT & PERSON RESPONSIBLE FOR EVENT:

Name: _____ Phone: _____

Address: _____ Work Phone: _____

SIGNATURE OF PERSON: _____ Date: _____

Other contacts/or info: _____

Completed by Police/or Municipal Department:

REQUEST PERMITTED: _____

PERSON PERMITTING THIS EVENT: _____ Date: _____

CHECK NOTIFIED:

☐ Police Dept. ☐ Road Dept. ☐ Fire Dept. ☐ EMS Services