



Application for Street or Alley Closure

Complete and return this form, along with proof of insurance, to the Public Works Department, a minimum of two (2) weeks prior to the requested closure.

Today's Date: _____

Person Requesting Closure: _____

Address of Person Requesting: _____

Phone Number: _____

Location of Closure: _____

Date of Requested Closure: _____

Time of Requested Closure: FROM: _____ TO: _____

Reason for Closure: _____

Proof of Insurance (Insurance Certificate) must be submitted with this application

Must list and secure approval signatures from all adjoining property owners. (Attach additional sheet if needed)

<u>Address</u>	<u>Print Name</u>	<u>Signature</u>

Please provide drawing/sketch of closure area

Please contact the Public Works Department with any questions or concerns, (605) 256-7515, Option 5