

Application for Street & Alley Closure

City of Madison

Complete and return to Public Works Department

Today's Date: _____

Person Requesting Closure: _____

Address: _____

Phone Number: _____

Date of Requested Closure: _____

Location of Closure: _____

Time of Requested Closure: FROM: _____ TO: _____

Reason for Closure: _____

Proof of Insurance must be submitted with this application

Please list and secure approval signatures from all property owners affected by the closure.

Print Name

Signature

Please provide drawing/sketch of closure area