



## ROAD CLOSURE PERMIT

### City Streets only

NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

PHONE \_\_\_\_\_

LOCATION OF ROAD CLOSURE: \_\_\_\_\_

REASON FOR CLOSURE: \_\_\_\_\_

DATE OF CLOSURE: \_\_\_\_\_ DURATION: \_\_\_\_\_

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| <p>_____ Approved<br/>William C Poe, Jr. , City Manager</p> <p>_____</p> <p>Ray Velboom, Police Chief</p> |
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*Send one copy to City Manager*