



STREET CLOSING APPLICATION

Name of Organization Applying for permit:

Contact Information:

Name: Terry Jaynes

Address: 425 W. School St.

Phone: 920-623-4805 email N/A

****please provide a certificate of insurance for the event**

Date(s) and time(s) of street closing:

5-26-25 (Mem. Day) 8 AM 12 PM

_____ AM _____ PM

Name of street(s) and description of area to be closed:

DICKASON BLVD. 1 Block (See Map) * NOTE: AREA IN ORANGE
TO CLOSE. AREA IN YELLOW MARCH ROUTE TO CEMETARY WILL BE
TRAFFIC CONTROLLED AND ESCORT. BY COL. FIRE DEPT.

Purpose for street closing: Memorial Day Ceremony

***Attach a map showing area of the requested street closure.**

ITEMS REQUESTED:

Barricades	<u>X</u> No _____ Yes _____ number needed
Trash Barrels	<u>Y</u> No _____ Yes _____ number needed
Picnic Tables	<u>Y</u> No _____ Yes _____ number needed
Umbrellas	<u>X</u> No _____ Yes _____ number needed
Stage	<u>Y</u> No _____ Yes _____

**IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT
DEPT OF PUBLIC WORKS THREE DAYS PRIOR TO EVENT
AT 920.623.5908 TO MAKE ARRANGEMENTS FOR ITEMS REQUESTED**

Terry Jaynes
Applicant Signature

SL 4-30-2025
Initials/date received in clerk's office

4-30-25
Date

Council Action _____
Date of Action _____