CITY DEPARTMENT OF PUBLIC WORKS

ROAD CLOSURE & EVENT SUPPORT APPLICATION

Application No.: _____
Date Received: _____

Submission of this application does not constitute approval. All requested road closures, traffic-control measures, City services, and associated costs are subject to review and approval by the City.

APPLICANT / ORGANIZATION INFORMATION

Applicant / Organization Name:

_____

Primary Contact Person:

_____

Mailing Address:

_____

City / State / ZIP:

_____

Phone: _____

Email: _____

Day-of-Event Contact:

_____

Day-of-Event Phone:

_____

EVENT INFORMATION

Event Name:

_____

Event Date(s):

_____

Event Location:

_____

Event Start Time: _____

Event End Time: _____

Estimated Attendance: _____

Describe the Event in Detail

Please describe what the event is, where activities will take place, approximately how many people are expected, and any additional information that will help the City understand the event and its impact on public streets or areas.

ROAD / AREA CLOSURE REQUEST

Please identify **exactly what street(s), road(s), intersection(s), parking areas, alleys, or other public areas you are requesting to have closed.**

Be specific. Include street names, cross streets, beginning and ending points, dates, and times.

Requested Closure #1

Street / Road / Area:

_____

Closure Beginning At:

_____

Closure Ending At:

_____

Cross Streets / Intersections Affected:

_____

Closure Date: _____

Requested Closure Start Time: _____

Requested Reopening Time: _____

Explain Exactly What You Want Closed

Requested Closure #2

Street / Road / Area:

_____

Closure Beginning At:

_____

Closure Ending At:

_____

Cross Streets / Intersections Affected:

_____

Closure Date: _____

Requested Closure Start Time: _____

Requested Reopening Time: _____

Explain Exactly What You Want Closed

Additional Road or Area Closures

MAP / DRAWING REQUIRED

A map or drawing must be attached showing the requested closure area.

The map should clearly show the event location, streets or intersections requested to be closed, beginning and ending points of the closure, and any other information necessary for the City to understand the request.

Map Attached: ☐ Yes

REQUEST FOR DPW ASSISTANCE

If you are requesting assistance from the Department of Public Works, describe **exactly what you are asking DPW to provide or do.**

Do not assume that requested services will be provided. DPW will determine whether the request can be accommodated, what level of assistance is appropriate, and what costs may apply.

Describe What You Are Requesting From DPW

Where Would the Requested DPW Assistance Be Needed?

When Would the Requested Assistance Be Needed?

Date(s): _____

Time(s): _____

Additional Information

APPLICANT ACKNOWLEDGMENT

I understand that this application is a request only and does not guarantee approval of the event, road closure, traffic-control arrangement, or DPW assistance.

I understand that the City may approve, deny, or modify the requested road closure and may establish conditions for approval.

I understand that the Police Chief, acting as the City's Traffic Control Administrator, will review the requested road closure and traffic-control arrangement.

I understand that DPW will determine what assistance, personnel, equipment, materials, or services, if any, can be provided.

I further understand that any costs associated with an approved request will be determined following City review and any required City Council approval.

I certify that the information provided in this application is complete and accurate to the best of my knowledge.

Applicant / Authorized Representative:

_____

Signature: _____

Date: _____