City of Owensboro- Street Closure Application 2019

APPLICATION & PETITION FORM MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO EVENT DATE

PROPOSED EVENT/ACTIVITY

NAME OF EVENT: _____DATE OF EVENT_____

Street Closure Requested Start Time	Street Closure Requested Ending Time

Reason for the requested closure: (Please check all that apply):

_____PARADE _____ WALK/PROCESSION _____ RUN/RACE

_____BLOCK PARTY _____ FESTIVAL/FAIR _____ OTHER

ROUTE OR LOCATION OF STREET CLOSING_____

_____

IF PARADE/PROCESSION: ESTIMATED NUMBER AND TYPE OF UNITS_____

Signature_____ Print name_____

Address_____

Organization_____Phone_____

Email_____

FOR OFFICIAL USE ONLY

Remarks_____

_____

Traffic Unit Signature_____

Public Events Signature _____

Commander Patrol Division Signature_____

Initials: OPD_____ Director Public Events_____ Engineering_____ Streets _____

STREET CLOSURE PETITION
(Required for residential street closure)

WE, THE UNDERSIGNED, APPROVE THAT _____ WILL BE CLOSED BETWEEN _____
(Street) **(Street)**
& _____ on _____ FROM _____ TO _____ FOR _____
(Street) **(Date)** **(Time)** **(Time)** **(Event)**

Name	Address	Name	Address