CITY OF RICHLAND CENTER
STREET CLOSING APPLICATION FOR EVENTS

Date: _____

Name of Event: _____

Name of Contact: _____
Telephone Number_____

Alternate Contact: _____
Telephone Number_____

Name of Organization / Business requesting closure: _____

Address: _____

Date of Event   _____

Street Closure Request: _____

_____

Street will be closed between the hours of: _____

Explain how the street closure will be marked such as cones or barricades: _____

_____

_____   Date filed with Clerk_____
Signature of Applicant (s)

Referred to Public Safety on _____

Action of Public Safety _____
_____
_____