For Internal Use Only:		
CM: _____ Date:_____		
Info Only:	**Liberty Transit**	
HPD	**ESG**	**PR**
HFD	**DDA**	**GIS**

Revised 8/2023

STREET CLOSURE REQUEST

Date,   **Time, and**   **Name of Event:**

_____   _____   _____

Name of Organization and/or   **Point of Contact:**

_____   _____

Business (Daytime) Telephone Number: **Alternate Telephone Number:**

_____   _____

Streets to be Closed (List Street name, then starting intersection, ending intersection and times):

Date	Street Name	Close from: (intersection)	Close to: (intersection)	Time of Closure	Time to Reopen
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM

Are any of these streets in downtown?   _____ Yes _____ No

Businesses affected by the Street Closure(s)?

_____

_____

How will the businesses and public be notified of the street closure(s)?

_____

_____