

# Street Closure and Traffic Control Request Form

Please complete all sections of this form. This document is formatted for printing and physical submission.

## 1. Applicant Information

Applicant Name:

Organization/Company:

Mailing Address:

Phone Number:

Email Address:

## 2. Closure Details

Purpose of Closure (e.g., block party, construction, parade):

Street to be Closed:

From (Cross Street):

To (Cross Street):

Date of Closure (MM/DD/YYYY):

Start Time (AM/PM):

End Time (AM/PM):

## 3. Traffic Control Plan

Proposed Detour Route:

Types of Traffic Control Devices to be Used (e.g., barricades, cones, signs):

Name of Certified Traffic Control Provider (if applicable):

On-Site Contact Person During Event:

On-Site Contact Phone Number:

## 4. Signatures (For Printed Use)

Applicant Signature:

Date Signed (MM/DD/YYYY):

## 5. Internal Office Use Only

Received By:

Date Received:

Status (Approved/Denied/Pending):

Approving Authority Signature: