STREET CLOSURE APPLICATION

Applicant: _____

Mailing Address: _____

Contact person: _____ Daytime Phone_____

Dates (s) and time (s) of requested street closure:

Date	**Street**	**Time (indicate a.m. or p.m.)**
_____	_____	_____ **to** _____
_____	_____	_____ **to**_____
_____	_____	_____ **to**_____

Describe requested closure locations, including street name, block, and cross street(s): Draw closures on map provided.

_____

_____

_____

_____

_____

Street Closure Approved by:

Police Chief _____ **Date** _____
Chris Malanka **303-567-4291**

Public Works Superintendent _____ **Date** _____
303-567-2400

Fire Chief_____ **Date** _____
Kelly Babeon **303-567-4342 ext 123**

EMS Director _____ **Date** _____
Nicolena Johnson **303-567-4221**

****This applicant is □ is not □ required to provide a traffic control plan. The applicant is □ is not □ required to hire a barricade company for this event.**

Name of barricade company: _____