

**CITY OF IDAHO SPRINGS
STREET CLOSURE APPLICATION**

Company Name _____

Applicant's Mailing Address: _____

Contact person: _____ Contact Phone _____

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

| Date | Time (indicate a.m. or p.m.) |
|-------|------------------------------|
| _____ | _____ Until _____ |
| _____ | _____ Until _____ |
| _____ | _____ Until _____ |

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

INFORMATION PRECEDED BY A CHECK MUST BE SUBMITTED WITH YOUR APPLICATION FOR IT TO BE CONSIDERED.

