

Street Closure Request Form

Name: _____

Address: _____

Date of Requested Closure: _____

Hours of Requested Closure: _____

Specific Requested Location of Barricades: _____

I understand and agree to the following terms:

- A non-refundable \$50.00 fee is to be paid at the time of application
- Include a map of the surrounding area showing the street(s) to be blocked off
- No parking in front of the barricades during the event
- The street will remain accessible for emergency vehicles
- A city employee will set up barricades at your location prior to your event
- After event, Requestor will remove barricades and set to the side for pick-up

Signature of Requestor: _____ Date _____

(For Office Use Only)

Date of Approval by City Clerk & Signature: _____

Date of Notification to Fire Chief: _____ E-Approval: _____

Date of Notification to Sarpy County: _____ E-Approval: _____

Date of Notification to Operations Supervisor: _____ Approval: _____

Date of Approval/Denial Letter Sent to Resident _____

Date/Time of Barricade Delivery: _____ Initials: _____

Date/Time of Barricade Pick-Up: _____ Initials: _____

