



City of Gretna Street Closure Request Form

Name: _____ Phone: _____ E Mail: _____

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
- Application must be received 5 days prior to the event or there is no guarantee of approval
- Closure must be no later than 11:00 p.m. for Noise Ordinance
- 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 Notification to Fire Chief: _____ E-Approval Date: _____

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

Date of Notification to City Clerk: _____ Signature: _____

Date of Notification to Operations Supervisor: _____

Date Copy of Packet Given to Street Crew Leader: _____

Date of Approval / Denial Letter Mailed or Emailed to Resident: _____

Received Date: _____ Check #: _____ Cash: _____ CC: _____ Receipt: _____