



APPLICATION FOR SPECIAL EVEN STREET CLOSURE

CITY OF CLINTON, ILLINOIS

APPLICANT INFORMATION

NAME: _____ ORGANIZATION _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EVENT INFORMATION

EVENT NAME/TITLE: _____

DATE OF EVENT: _____ TIME OF EVENT: _____

TYPE OF EVENT/DESCRIPTION:

CLOSURE REQUESTED

START DATE OF CLOSURE: _____ END DATE OF CLOSURE: _____

CLOSURE START TIME: _____ CLOSURE END TIME: _____

SPECIAL REQUESTS:

EVENT STREET CLOSURE REQUESTED FOR:

ADDRESS:

MAP OF STREET CLOSURE REQUEST

SIGNATURE OF EVENT ORGANIZER

DATE

COMMISSIONER SIGNATURE

DATE