



For Internal Use Only:

CM: _____		Date: _____	
Info Only: Liberty Transit			
HPD	ESG	PR	
HFD	DDA	GIS	

Revised 8/2023

STREET CLOSURE REQUEST

Date, Time, and Name of Event:

Name of Organization and/or Point of Contact:

Business (Daytime) Telephone Number: Alternate Telephone Number:

Streets to be Closed (List Street name, then starting intersection, ending intersection and times):

Date	Street Name	Close from: (intersection)	Close to: (intersection)	Time of Closure	Time to Reopen
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM
				AM PM	AM PM

Are any of these streets in downtown? _____ Yes _____ No

Businesses affected by the Street Closure(s)?

How will the businesses and public be notified of the street closure(s)?

