## City of Platteville Street / Alley Closing Permit Application Form

Describe Street / Alley to be Closed:

| Date(s):   | Beginning Time:                | Ending Time             | :      |    |
|--|--------------------------------|-------------------------|--------|----|
| List Names and Street Addresses of all Persons/Businesses Affected Below:  |                                | Approval                |        |    |
|  |                                | Y                       | or     | N  |
|  |                                | Y                       | or     | N  |
|  |                                |                         | 01     | IN |
|  |                                | Y                       | or     | Ν  |
|  |                                | Y                       | or     | Ν  |
|  |                                | Y                       | or     | N  |
|  |                                |                         |        |    |
| NOTE: Attach ad  | ditional sheets if necessary o | Y<br>r use hack side    | or     | N  |
| <b>NOTE: Attach additional sheets if necessary or use back side</b> Name of Requestor:   |                                |                         |        |    |
| Address of Requestor:  |                                |                         |        |    |
| · ·  |                                |                         |        |    |
| Requestor's Contact Number:  |                                |                         |        |    |
| Reason for Request:  |                                |                         |        |    |
|  |                                |                         |        |    |
| <b>NOTE:</b> Call the City Garage at 348-8828 to request barricades if needed. If City barricades are to be used, they <b>must be picked up</b> no later than <u>2 PM on the Thursday</u> before usage! City personnel will not be called in on Friday, Saturday or Sunday if this is forgotten. |                                |                         |        |    |
| I affirm that I have checked with all of t objections are listed on an attached she  |                                | equested street closing | g. The |    |
| Signature:   | Date:                          |                         |        |    |
| Do Not Write Below this Line – For Office Use Only   |                                |                         |        |    |
| Police Department Review:  |                                |                         |        |    |
| Street Department Review:  |                                |                         |        |    |
| Common Council Review Date:  |                                |                         |        |    |
| Decision: Approved or  | Denied                         |                         |        |    |
| City Clerk: Date:  |                                |                         |        |    |