



RESIDENT STREET CLOSURE REQUEST

REQUESTOR'S NAME:

PHONE:

EMAIL:

ADDRESS:

PURPOSE OF STREET CLOSURE:

REQUESTED DATE OF STREET CLOSURE:

EXPECTED
NUMBER OF
PARTICIPANTS

START TIME OF STREET CLOSURE:

END TIME OF STREET CLOSURE:

STREET REQUESTED TO BE CLOSED:

CROSS STREET 1:

CROSS STREET 2:

SPECIAL REQUESTS/COMMENTS:

ATTACHED ITEMS:

- Street Closure Resident Signature Sheet.
- Map of requested street closure.
- Copy of approval from the Town of Northlake Police Department.

SIGNATURE: _____

DATE: _____