



RESIDENT STREET CLOSURE REQUEST

REQUESTOR'S NAME:

PHONE:

EMAIL:

ADDRESS:

PURPOSE OF STREET CLOSURE:

REQUESTED DATE OF STREET CLOSURE:

START TIME OF STREET CLOSURE:

END TIME OF STREET CLOSURE:

**EXPECTED
NUMBER OF
PARTICIPANTS**

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: _____