

APPLICATION FOR STREET CLOSURE

Contractors Name: _____ Date: _____

Contractors Address: _____

Contractors Phone: _____

Reason for Requested Closure: _____

Date and Time of Requested Closure: _____

Location of Requested Closure: _____

Applicant Signature

Closure Approved

Closure Denied

City Representative

Drawing of Street Closure

1. Contractor to supply moveable barricades.
2. Provide a current copy of your **Liability Insurance** certificate.
3. Contractor is responsible to replace street to City of Crete Specifications.