

STREET CLOSING PERMIT

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE NO. _____ E-MAIL ADDRESS _____

LOCATION OF STREET CLOSING: _____

DATE & HOURS OF CLOSING: _____

REASON/EVENT FOR CLOSING: _____

ADJACENT PROPERTY OWNERS' SIGNATURES:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REGULATIONS: No alcoholic beverages in street or public right-of-way, no excessive/prolonged noise/music

Dated: _____

Mayor

Street, Transportation & Recycling Supt.

Police Chief

A Certificate of Liability Insurance naming the City of Seward as additionally insured in the amount of \$1,000,000.00 is required. The Certificate of Insurance should be delivered to the City before the event date.

Date insurance certificate filed with City: _____