

**CITY OF PAYNESVILLE
TEMPORARY STREET CLOSING APPLICATION**

Date _____ Applicant's Name _____

Address _____ Telephone No. _____

_____ Email _____

Event _____

Date(s) Street(s) To Be Closed _____ Time(s) Street(s) To Be Closed _____

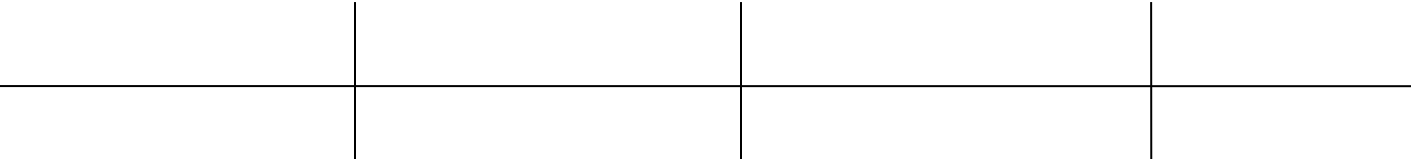
Street To Be Closed _____
From (what location/intersection) _____ To (what location/intersection) _____

Street To Be Closed _____
From (what location/intersection) _____ To (what location/intersection) _____

Street To Be Closed _____
From (what location/intersection) _____ To (what location/intersection) _____

Have all businesses and/or property owners been notified of the proposed street closure? YES NO
Their feedback: _____

Explanation of proposed street closure (use additional paper if necessary):

Drawing of proposed street closure (use additional paper if necessary):


Approved By: _____
Chief of Police _____ Date _____
Comments _____

Fire Chief _____ Date _____
Comments _____

Mayor _____ Date _____

***** Applicants will need to make arrangements with the Public Works Department for signage and barricades, please contact Ron Mergen at 320-243-3714 Ext. 230. All alleys will need to remain clear for emergency vehicles and personnel. No poles/stakes are allowed into the cement/asphalt/bituminous of the street/curb/sidewalk.*****

For Office Use Only:
Date Received: _____ Date To Chief of Police: _____ Date to Fire Chief: _____