CITY OF ATASCADERO
STREET CLOSURE REQUEST FORM

FULL NAME OF ORGANIZATION:
City of Atascadero, Community Services Department & Atascadero Main Street

NAME OF PERSON MAKING APPLICATION:
Ashley Lieser, Recreation Coordinator

ADDRESS: 6907 El Camino Real    CITY: Atascadero    ZIP: 93422
PHONE:    DAY 470-3178    EVENING

DATE (S) OF REQUESTED ROAD CLOSURE: Friday August 17, 2007

NAME OF STREET: 1. El Camino Real
2. San Luis Ave
3. Pueblo
4. East Mall
5. Palma
6. West Mall
7. Entrada
8. Traffic Way

FROM (ADDRESS OR STREET): 1. Curbaril TO Traffic Way
2. Curbaril TO Pueblo
3. ECR TO San Luis Ave
4. ECR TO Palma
5. East Mall TO Traffic Way
6. ECR TO Palma
7. ECR TO Palma
8. ECR TO Lewis

TIME OF CLOSURE:
FROM: 1:00 pm TO: 8:30 pm Show’N’Shine – East Mall, Palma, & West Mall
FROM: 5:30 pm TO: 8:30 pm Cruise Route – map attached

PURPOSE FOR CLOSURE:
Hot El Camino Cruise Nite a City of Atascadero Special Event (Closed cruise on El Camino Real from Curbaril to East Mall to Palma to Traffic Way)

PROPOSED ALTERNATE ROUTE: See attached detour map

PROPOSED EMERGENCY ACCESS PLAN: Emergency vehicles and Transit Busses will be allowed to pass through the cruise route; City staff & volunteers will be at all barricades and will be notified to let emergency vehicles pass through; AFD will have 3 on-duty fire engines located on the cruise route available, if not on a call.

PROPOSED TRAFFIC CONTROLS (SIGNS, POLICE, ETC.): Barricades, traffic signs, staff, and volunteers will be at all intersections along the cruise route; Traffic signals adjusted for traffic flow; detour route signs to follow attached map; Cal –Trans/Baiba’s Safety Service notified to direct freeway traffic with Special Event signs on Hwy 101 directing NB traffic to exit at Curbaril and SB traffic to exit at San Anselmo; APD at Curbaril, Morro Rd., and Traffic Way; Amtrak/Orange Belt, CCAT, will be notified of the Cruise.

SIGNATURE OF APPLICANT: __________________________ DATE: __________

(Request must be made a minimum of 20 working days prior to event)
Date Received:

Approved by (all departments must approve):

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Signature: ____________________ Signature: ____________________ Signature: ____________________
Date: ______________________ Date: ______________________ Date: ______________________

Reason for denial or comments:

(Use additional page if necessary)

City Manager’s action: ____________________________________________________________

Signature: ____________________ Date: ______________________

City Council action (If applicable): ______________________________________________

________________________________________