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:
Paula Anton, Recreation Supervisor

ADDRESS: 6907 El Camino Real   CITY: Atascadero   ZIP: 93422

PHONE: DAY 470-3472   EVENING

DATE (S) OF REQUESTED ROAD CLOSURE: Friday August 15, 2008

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 San Luis Ave
2. San Luis Ave TO Pueblo
3. Pueblo TO El Camino Real
4. ECR FROM Curbaril TO Traffic Way
5. East Mall FROM ECR TO Lewis Ave
6. West Mall FROM ECR TO Lewis Ave
7. Entrada FROM ECR TO Lewis Ave
8. Palma FROM East Mall TO Traffic Way

TIME OF CLOSURE:
FROM: 1:00 pm TO: 10:00 pm Show and Shine – East Mall and West Mall to Lewis Ave. and Palma from East Mall to West Mall
FROM: 5:00 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 Entrada 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 & Assisting Agencies will be at all barricades and will be notified to let the transit busses and 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 assisting agencies 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, RTA and Atascadero Transit, will be notified of the Cruise.

SIGNATURE OF APPLICANT: __________________________   DATE: __________
(Request must be made a minimum of 20 working days prior to event)

FOR OFFICE USE ONLY

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): ____________________________________________________________