



**CITY OF ATASCADERO**  
**STREET CLOSURE REQUEST FORM**  
*(REQUEST MUST BE MADE 60 DAYS PRIOR TO THE EVENT)*

Name of Applicant: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Requested Road Closure: \_\_\_\_\_

Street to be Closed: \_\_\_\_\_

Boundaries of Closure: \_\_\_\_\_

Time of Closure: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Purpose of Closure: \_\_\_\_\_

Proposed Alternate Route: \_\_\_\_\_

***The undersigned acknowledges that he/she will be responsible for actual costs incurred by the City of Atascadero for implementation of the requested closure and understands that a deposit of the estimated costs is required when requesting a closure.***

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS SECTION FOR CITY USE ONLY**

INTAKE MEETING DATE: \_\_\_\_\_

ESTIMATE OF ROAD CLOSURE COSTS: \_\_\_\_\_

FEES COLLECTED: \_\_\_\_\_ DATE COLLECTED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

**DEPARTMENT APPROVALS:**

Recreation Division: \_\_\_\_\_ Fire Department: \_\_\_\_\_

Police Department: \_\_\_\_\_ Public Works: \_\_\_\_\_

City Manager: \_\_\_\_\_