

# City of Atascadero

## STREET CLOSURE REQUEST FORM

(REQUEST MUST BE MADE 60 DAYS PRIOR TO THE EVENT)



Name 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 #: \_\_\_\_\_

#### DEPARTMENT APPROVALS:

Community Services: \_\_\_\_\_ Fire Department: \_\_\_\_\_

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

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