

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: _____