

STREET CLOSING APPLICATION

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DATE: _____ TIME: _____

EVENT: _____

DESCRIPTION OF EVENT: _____

LOCATION OF EVENT: _____

ESTIMATED NUMBER OF PARTICIPANTS: _____

WE DO/DO NOT NEED BARRICADES TO CLOSE STREET

(APPLICANT AGREES TO REIMBURSE THE CITY OF MANLY FOR ANY DAMAGE TO SIGNS OR BARRICADES OWNED BY THE CITY OF MANLY BEING USED BY THE APPLICANT AS A RESULT OF THIS APPLICATION)

I acknowledge that the information contained in this application is true and complete to the best of my knowledge:

Applicant Signature: _____

Date: _____

APPROVAL: _____