

Street Closure Request

Street Name: _____

Street Closed -- from: _____ to: _____

Date of Street Closure: _____

Time of Street Closure -- from: _____ to: _____

Purpose: _____

Contact Person: _____

Phone Number: _____

Village Resources Required: _____

Comments: _____

Signature of Requester

Approved by Streets Trustee

Date of Request

Date Approved

All street closures require the approval of the Village Board of Trustees. Please make sure that you submit your request far enough in advance to have it heard at the regular Village Board meeting which is held the second Monday of each month at 7:00 p.m.