

## **Village Of Rochester**

1 Community Drive Rochester, IL 62563 Incorporated in 1869

## **Event Street Closure Request**

Applicant:			
Site Contact:		Phone:	
Street requested to be closed:			
Cross streets on both ends of closu	ıre:		
Street Closure Date(s):		to	
Street Closed Time(s):		to	
Purpose of Closure:			
Village resources requested:			
Can traffic be rerouted?	Yes / No		
As the person requesting Have you notifed: Y / N Sangamon County Dis Y / N Rochester School Trans Y / N SMTD - 217.522.6087 (	sportation - 217.498.9834	le for the notification of pos	sibly affected entities.
Applicant	Date		
All planned street closures require the ap heard at a	pproval of the Village Board of Trustees. P regular Board Meeting which is held the s		
[]Approved []Deniec	Date:		
Superintendent	Date	Village President	Date