



# CITY OF ROSWELL STREET CLOSURE FORM

Permit #: \_\_\_\_\_

## ABOUT

Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Event Name/Purpose of Closure: \_\_\_\_\_

Streets to be closed: \_\_\_\_\_

Dates to be closed: \_\_\_\_\_

For all street closures, it is necessary to contact those in the immediate area to see if the local businesses and residences have any special concerns. This is the responsibility of the organization making the request to close the street. Please leave all contacted businesses your contact information in case an issue occurs.

Please attach a map of the immediate area with the residences/businesses marked that were contacted. Attach a map showing how you propose to reroute traffic with any other traffic control that may be needed.

Please note that the city can set out barriers 1 hours earlier than the time requested to ensure knowledge prior to closure.

Email completed forms and additional documents to Tourism Manager Stephanie Mervine at [s.mervine@roswell-nm.gov](mailto:s.mervine@roswell-nm.gov).

Business/Residence	Address	Contacted		Concerns	Email to send permit
		Yes	No		

**Fire Department** Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Concerns: \_\_\_\_\_

**Police Department** Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Concerns: \_\_\_\_\_