



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.

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: _____