



# CITY OF TAYLOR SPECIAL EVENT STREET CLOSURE APPLICATION

Event Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date and Time of Special Event Street Closure: \_\_\_\_\_

\_\_\_\_\_

Describe the location of the event including the name and location of streets, alleys and/or sidewalks to be blocked and attach a map.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant/Organizer: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Fee/Deposit: \_\_\_\_\_

| Title                 | Comments (include additional fees assessed): | Signature: | Approved/Denied | Date: |
|-----------------------|--|------------|-----------------|-------|
| Main Street Mgr.      |  |            |                 |       |
| City Fire Marshal     |  |            |                 |       |
| Fire Chief            |  |            |                 |       |
| TPD, Ops. Div.        |  |            |                 |       |
| Chief of Police       |  |            |                 |       |
| Public Works Director |  |            |                 |       |
| Parks & Rec Director  |  |            |                 |       |
| City Manager          |  |            |                 |       |