



STREET CLOSURE PERMIT

Name of applicant/contact person _____

Address _____

Phone Number (day) _____ Emergency Phone Number _____

Type and purpose of event _____

Location _____

Date(s) of event _____

Time of event (include setup & dismantle) _____

Street(s) to be closed _____

Detour route to be _____

Applicant agrees to notify all affected property owners and to also maintain access for emergency vehicles. Permittee agrees to defend, indemnify and save harmless the City, its appointed and elected officers and employees, from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the City, its elected and appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting there from, sustained by any person or persons and on account of damage to property including loss of use there from, arising out of any activity under or in connection with this event, except only such injury as shall have been occasioned by the sole negligence of the City, its appointed or elected officers or employees.

Applicant Signature _____ Date _____

Date copy forwarded for comments to: _____

Public Works _____

Police Dept _____

Fire District #12 _____

Original to remain on file with the City Clerk

Approved By: _____ Date _____
City Manager