

PERMIT

**REQUEST FOR STREET CLOSING**

REQUESTED BY: \_\_\_\_\_  
Name of Person or Organization

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

REQUEST TO CLOSE (NAME OF STREET) \_\_\_\_\_

LOCATION BEGINNING AT \_\_\_\_\_ ENDING AT \_\_\_\_\_

DATE(S) AND TIME(S) OF CLOSURE \_\_\_\_\_

ARE BOTH LANES REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_

Town Manager \_\_\_\_\_ Date \_\_\_\_\_

Chief of Police \_\_\_\_\_ Date \_\_\_\_\_

Public Works Director \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Request must be made 30 days in advance of planned activity.

Granting of this request DOES NOT in any way make the Town of Vinton responsible for any liability or claims that may result from closing of any streets.

CC: Public Works Department  
Police Department  
Town Managers Office

If you have any questions or changes regarding this Permit, please contact the Town Manager's Office at 983-0607.