

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.