

CITY OF HIGHLAND PARK



Office of Brenda Green
City Clerk
12050 Woodward Avenue
Highland Park, MI 48203
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REQUEST FOR TEMPORARY STREET CLOSING

Date Submitted _____

Street: _____ between _____ & _____

Time: _____ (4 hour time limit)

Date: _____ Are barricades needed? ____ Yes ____ No

Organization/ Person requesting authorization: _____

Contact person for Organization: _____ Phone: _____

Description of event being held: _____

Approved by:

Police Department

Department of Public Works

City Clerk

PLEASE NOTE:

The signatures of 15 residents of the **block** to be closed are required (see back).

Request must be received **2 weeks** prior to event date.

1 signature per address **only**.

REQUEST FOR TEMPORARY STREET CLOSING

- ❖ Signatures of 15 residents of the **block** to be closed are required.
- ❖ Request must be submitted **2 weeks** prior to event date.
- ❖ 1 signature per address **ONLY**.

Signature

Address

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____
13.	_____
14.	_____
15.	_____