

APPLICATION TO TEMPORARILY CLOSE A CITY STREET

To the Mayor of the City of Blakely and Bl undersigned, who hereby represents that	he/she has been selected to	be spokesperson for
does hereby make request to close to	(stree	et, road, avenue or lane) from
Please give a detailed description for the p	ourpose of the closure:	
The date proposed for such closure is o'clock,M. until o'clock,	. Street is to	be closed from
Signature of responsible person	Date	
Address:		
Phone numbers:		
access by emergency vehicles.4. No object of any type [ie: tent pegs5. Maximum closure time allowed is	s, stakes, etc] may be imbede 8 hours. ay result in the function being at any time during the function to no less than one week prior consible person must be on p	ng canceled by the City of Blakely or on. r to function.
A	pproval Of Application	
This application is hereby approved this _	day of	20
Mayor	Public Safety	Fire Chief
Dis	sapproval Of Application	
This application is hereby disapproved folwelfare and convenience. This day	lowing valid considerations of, 20	of public peace, order, health, safety
Mayor	Public Safety	Fire Chief