



Street/Alley Closing and Neighborhood Sign Off Form

Event :

Date:

Street(s)/alley(s) to be closed (give specific location)

Time Period from ____ : ____ am / pm to ____ : ____ am / pm.

If needed, what will the detour route be:

I understand it shall be THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN BARRICADES from another source for closing the street and the cost for said barricade rental will be the responsibility of the Applicant. [The City supplies barricades only for 4th of July, Homecoming and Halloween parades.] NOTES FOR BARRICADE USE: 1) If used, a 'Certificate of Insurance' for \$2 million of liability insurance naming the City of Clinton as an additional insured shall be included with the application, 2) Barricades shall meet Iowa Dept. of Transportation specifications, 3) For neighborhood events, the barricades must be removed by dusk. ____ initial

I hereby certify that all residences/businesses within the affected area have been notified and, as applicable, they have signed off on this form. In accordance with the request, the person listed is contacting all neighbors that may be affected by this event and asking for their acknowledgement of this application. [This also includes all properties that abuts the area of closure and both sides of the street & alleys, Parades are excluded with City approval. ____ initial

NAME	Yes/No	ADDRESS	PHONE NO.	SIGNATURE
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