



BIRTHPLACE OF THE HARVESTER

STREET CLOSURE REQUEST FORM



STEVEN S. EAVES
CHIEF OF POLICE

Current Date: _____

Date Requested: _____

Time Requested: _____

Location: _____

Description of closure with specifics:

Equipment Requested: (Baracades, Etc.) _____

Contact Person: _____

Address: _____ Phone Number: _____

2nd Contact Person (If applicable): _____

Address: _____ Phone Number: _____

SIGNATORIES BELOW:

Chief of Police Steven S. Eaves: _____

Fire Chief Gregory Witek: _____

Street Superintendant Randy Klatt: _____

City Engineer John McGinnis: _____

Mayor Robert Hausler: _____

SIGNATURES OF THE ABOVE OR THEIR DESIGNEE WILL BE MANDATORY!