

# Street Closure Request Form

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Event - Event Sponsor

\_\_\_\_\_  
Start Date - Time

\_\_\_\_\_  
End Date - Time

Street(s) to be closed - Beginning and ending points

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant understands that a certificate of liability insurance for one million dollars (\$1,000,000) naming the City of Willcox as “additionally insured” must be supplied with this application in order for the request to be fully executed and processed. Additionally, the City of Willcox requests that all adjacent property owners be notified of the intent to close the street and be offered an opportunity to make comments. Comments may be submitted to the City Clerk prior to the Council meeting or may be stated in the public meeting.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date