

City of Fort Scott
Application for Temporary Street Closure

To: The Fort Scott City Manager

The undersigned hereby makes application for a temporary street closure to conduct an event on the streets of the City of Fort Scott and in support of such application makes the following statements and representations.

Name of Event: _____ **Actual date of event:** _____

Assembly time for event participants: _____ AM _____ PM

Actual start time of event: _____ AM _____ PM

Actual end time of event: _____ AM _____ PM

Impacted Street(s): _____

Person making application:

Name: _____ Res. Phone: _____

Residence address: _____ Bus. Phone: _____

Business address: _____ Fax: _____

Length of residence in Fort Scott: _____ Occupation: _____

Do you have a contract with a barricade company or do you plan to provide the necessary cones and barricades?

Yes _____ No _____ Not Needed _____

How many people do you have scheduled to assist with traffic control? _____

Proposed temporary street closure to be held by, or on behalf of or for any person other than applicant?

Yes _____ No _____

State the purpose or objective of the temporary closure:

Any additional information that should be considered:

Signature of Person Making Application

Date

OFFICE USE ONLY:

Application received by: _____ Date: _____

Approved: _____ Date: _____
City Manager

Disapproved: _____ Date: _____
City Manager