



APPLICATION FOR TEMPORARY CLOSURE OF A STREET

Type of Event: _____

Event Coordinator: _____

Address: _____

Phone: _____ (home) _____ (cell)

Street to be temporarily closed: _____

Between: _____ and _____ (cross streets)

Or: _____ (block range)

Length of closure:

From: _____ AM/PM On _____ (date)

Until: _____ AM/PM On _____ (date)

PROPOSED USE OF STREET: _____

(i.e. games, volleyball, street dance, pedestrian traffic, parade, etc.)

Name of on-site emergency contact person: _____

Name of person responsible for setting out/removing traffic control devices and street clean up: _____

ACCESS MUST BE ALLOWED FOR EMERGENCY VEHICLES IF NECESSARY.

Per City policy, it is the responsibility of the neighborhood participants to set out and remove City supplied traffic control devices at the beginning and ending times stated above. Participants are expected to clean up trash and debris left on the City right of way portion of the street as a result of the event.

A \$100.00 deposit shall be made with the City Clerk prior to delivery of City traffic control devices or the event itself, whichever is earliest. If all traffic control devices are returned and all trash picked up, then the deposit will be returned in full.

As coordinator of this event, I agree to the provisions set forth herein and work with the Chief of Police, or his designee, to facilitate the City's support of this event.

Coordinator Signature: _____ Date: _____

Please return completed form with permit fee to:

Thorsten J. Johnson, City Clerk, 1512 7th St., Coralville, IA 52241

For more information, contact the City Clerk's office at 319.248.1700

INTERNAL USE ONLY:

Deposit has been received: ___ yes ___ no City Clerk: _____

Approved/Denied by Chief of Police: _____ Date: _____

Copies To: ___ City Clerk ___ Police Dept. ___ Fire Dept. ___ Streets Dept.
___ J.C.S.D. ___ J.C. Ambulance