



ROAD CLOSURE APPLICATION

Type of Road Closure: **Road Closure** **Lane Restrictions** **Temporary Use of Sidewalk**
 (circle all that apply)

Name of Applicant _____

Business/Organization _____

Address _____

City/State/Zip Code _____

Telephone Number (include Area Code) _____

LOCATION/ADDRESS OF CLOSURE _____

DATES/TIMES OF REQUESTED CLOSURE _____

REASON FOR REQUESTED CLOSURE _____

EMERGENCY PERSONNEL ABLE TO PASS THROUGH? YES NO

Please include a **MAP OF THE LOCATION** with the closure area(s) clearly marked.

I SWEAR AND AFFIRM, THAT ALL STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant _____ Date _____

RETURN THIS APPLICATION TO:

Board of Public Safety
 Civic Center
 15 NW Martin Luther King, Jr. Blvd
 Evansville, IN 47708

----- FOR BOARD OF PUBLIC SAFETY USE ONLY -----	
Date Application Received	_____
Permit Number	_____