

CITY OF HILLSBORO STREET CLOSING PERMIT

Event Info:

Requested by: _____ **Date:** _____

Purpose of Closing: _____

Name of Street Closing: _____ **Blk** _____

Estimated amount of participants: _____

Date to Close: _____ **Time to Close:** _____

Date to Open: _____ **Time to Open:** _____

Activity(s) during closer: _____

Contact Info:

1st Contact Name: _____

Phone: _____

2nd Contact Name: _____

Phone: _____

Approved by: _____ **Date:** _____

Permit given by: _____ **Date:** _____

Streets Supervisor: _____ **Date:** _____

Permits will need to be present with the responsible party at the function in case City officials request to see it. Questions may be directed to Chief Cain or Sabrina Leal @ 254-582-8406 x.2138 Mon-Fri 8p-5p

The street department will drop off the baracades at the end of the street before the closure and the parties having the event will be responsible for putting them up and taking them down. The parties will be responsible for the barricades that are left .

When the parties are finished with the event they must disassemble and put at the area that the city dropped them off.

Please sign here to show you are aware that you are responsible for the city property that is being used.

Permit holder _____ **Date** _____
