CITY OF GREEN LAKE STREET CLOSING PERMIT

(Section 6-2-5)

Name of Applicant:	
Address of Applicant:	
Phone Number of Applicant:	
Location/Address of Street to be closed:	
Reason For Request:	
Date(s) & Time(s) of Closure:	
Signature of Applicant	Date
Standards: 1. Fixtures shall not be physically attached fixture, or any adjacent building(s). 2. Fixtures shall not impede the flow of pede 3. After event, street must be returned to its any blacktop replaced).	estrian traffic on the street.
Fee: \$5.00 Date Received Receipt	#
Approved by:	Approved by:
Police Chief	Public Works Director
Approved by City Council on	
Signature of City Official	