

Special Event Road Closure Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Event

Event Name:

Event Location (Street Address):

Description of Event:

Event Time From: To:

Expected Number of Attendance:

Time of Road Closure From: To:

Portion of Road to be closed

Traffic Control / Parking Plan:

Security Plan:

Emergency medical plan:

Waste management plan:

Insurance provider (optional):

Signature: Date:

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**City Approval Area**

This permit was approved by the Kingsbury City Commission on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_