City Of Morrison
Street Closure Request Application
Community Event

Name of Organization: ____________________________________________________________

Contact Person/Address: __________________________________________________________

Email: __________________________________ Phone: ________________________________

1. Event for which closure is requested:
   ____________________________________________

2. Street(s) to be Closed:
   ____________________________________________________________

3. Date Of Event: ________________________________

4. Times Of Closure: _________ To _________

5. Electrical Service Needed? ($50 fee may apply) _____Yes _____No
   Please specify: _____________________________________________________________

The undersigned agrees to release, hold harmless, and defend the City of Morrison, its
officers and agents against any and all claims for loss, damage, personal injury, or death
occurring as a result of the event for which this permit is requested. Proof of insurance is
required. Insurance must name the City of Morrison as an additional insured.

Authorized Signature ____________________________  Title _______________  Date __________

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STREET CLOSURE PERMIT

Subject to the information contained in this Application, permission to close certain
city streets is hereby granted.

Receipt of the $25.00 PERMIT FEE and/or the $50.00 ELECTRICAL HOOK-UP CHARGE is
hereby acknowledged. Fees are waived for non-profit organizations.

__________________________  ____________________________
Date  City Clerk

Updated 6/15/16