



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

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