

**CITY OF MORRISON
REQUEST FOR STREET CLOSURE
COMMUNITY EVENT**

Name of Organization: _____

Contact Person: _____

Address: _____ 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 REQUIRED? _____ Yes _____ No If yes, please specify
such requirements: _____

6. SUPPORT SERVICE(s) REQUESTED (i.e. Police, picnic tables, street sweeping, etc.):

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.**

Date

Authorized Agent Signature

Authorized Agent Title

STREET CLOSURE PERMIT

Subject to the information contained in this REQUEST FOR CLOSURE, 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