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

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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