

CITY OF MORRISON SPECIAL COUNCIL MEETING
City Hall, Lower Level Conference Room 200 West Main Street, Morrison, IL
June 16, 2016 ♦ 9 a.m.

AGENDA

- I. CALL TO ORDER
- II. ROLL CALL
- III. PLEDGE OF ALLEGIANCE
- IV. PUBLIC COMMENT
- V. ITEMS FOR CONSIDERATION AND POSSIBLE ACTION
 - 1. Request for Street Closure – Cornerstone Family Dentistry (att)
- VI. OTHER ITEMS FOR CONSIDERATION, DISCUSSION & INFORMATION
- VII. ADJOURNMENT

CITY OF MORRISON
REQUEST FOR STREET CLOSURE
COMMUNITY EVENT

Name of Organization: Cornerstone Family Dentistry

Contact Person: TJ Tuttle

Address: 521 W. Wall St. Phone: 815-400-9141

1. EVENT FOR WHICH CLOSURE IS REQUESTED: Open House / Patient Appreciation

2. STREET(S) TO BE CLOSED: Heaton St. by office

3. DATE OF EVENT: 6-24-16 4. TIMES OF CLOSURE: 2 pm to 6:30 pm

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.

6-13-16
Date

Melinda Hochgesang
Authorized Agent Signature

Melinda Hochgesang
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

