CITY OF WISCONSIN RAPIDS
STREET CLOSURE
PERMIT APPLICATION
FEE: $25.00

FULL LEGAL NAME OF ORGANIZATION_____

MAIN CONTACT_____ **PHONE NUMBER**_____

ADDRESS_____

DATE OF CLOSURE (WITH EXACT START & END TIMES)_____

ACCURATE DESCRIPTION OF STREET_____
_____
_____

DETAILED DESCRIPTION OF USE FOR WHICH STREET CLOSURE PERMIT IS REQUESTED_____
_____
_____

This application is for a closure of a street that does not involve an intersection, does not require more than six barricades, and does not involve any activity in the street.

By submitting the application, the applicant shall be responsible for contacting all persons who reside and have businesses on the portion of the street that is requested to be closed; for verifying there are no objections to the street closing; for placing barricades and signs on the street as directed by City officials, and for removing them afterwards.

I certify that the information contained in the forgoing application, including the information contained in any supporting documentation or forms, is true and correct to the best of my knowledge and that I have read, understand and agree to abide by the rules and regulations governing the street closure. I agree to comply with all City, County, State or Federal requirements. I certify that I, on behalf of the Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred as a result of this street closure. I, on behalf of the Organization, am also authorized to commit that the Organization shall indemnify, defend, and hold harmless the City, and its officers, employees, elected and appointed officials, and agents from and against any and all causes of action, claims, liabilities, obligations, judgments, or damages, including reasonable attorneys fees and costs of litigation, arising out of this street closure.

_____   _____
Signature of Organization Representative   Date

> **Approved**   > **Denied**   _____   _____
                               Chief of Police   Date

> **Approved**   > **Denied**   _____   _____
                               Street Superintendent   Date