**City of Hillsboro Street Closing Permit**

**Event Information**

|  |  |
| --- | --- |
| Requested by: | Date: |
| Purpose of Closing: | |
| Name of Street Closing: | |
| Estimated amount of participants: | |
| Date to Close: | Time to Close: |
| Date to Open: | Time to Open: |
| Activity(s) during closure: | |

**Contact Information**

|  |  |
| --- | --- |
| 1st Contact Name: | |
| Phone: | Cell: |
|  | |
| 2nd Contact Name: | |
| Phone: | Cell: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Given by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Streets Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permits will need to be present with the responsible party at the function in case City officials request to see it. Questions may be directed to Chief Cain or Sabrina Leal at (254) 582-8406 Monday thru Friday, 8 am-5 pm.

The street department will drop off the barricades at the end of the street before the closure and the parties having the event will be responsible for putting them up and taking them down. The parties will be responsible for

the barricades that are left.

When the parties are finished with the event, they must disassemble and

placed where the city dropped them off.

Please sign here to show you are aware that you are responsible for the city property that is being used.

Permit holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***“Serving Our Community Proudly”***