



## Street Closure Petitioner Form

Date & time of closure: \_\_\_\_\_

Street to be closed: \_\_\_\_\_

**SIGNATURES AND ADDRESSES OF ALL PETITIONERS**

The attached map shows the street(s), day and time of the street(s) we would like to close for our event. Please sign below and check either YES or NO. YES would indicate that you are willing to close the street for the day. NO would indicate that you are opposed to this idea.

One Signature per Business/Household from 75% of Business/Residents on the Street is Required for Approval. If a property is vacant, please write "Vacant" in the signature box.

(Use Additional Sheets if Necessary)

**PLEASE REVIEW DATES ON FRONT OF APPLICATION BEFORE SIGNING THE PETITION**

Number of Businesses or Houses on Street	Number of Vacant Businesses/Houses on Street	Number of Signatures
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***PLEASE PRINT AND SIGN LEGIBLY WHEN COMPLETING INFORMATION BELOW***

Name	Signature	Address	Yes	No
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