

# City of Medford Temporary Street Closing Application

*Application must be filled out completely and legibly to be processed.*

Fee: N/A

Date of Application: \_\_\_\_\_ (Application must be submitted at least 14 days prior to event)

Event Name: \_\_\_\_\_ Organization/Contact Person: \_\_\_\_\_

Date of Event: \_\_\_\_\_ On-Site Manager: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Event Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street to be Closed: (Please be specific)

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Additional Information:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For City Use Only

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Date Received: \_\_\_\_\_

Police Department:    \_\_\_\_\_ Approve    \_\_\_\_\_ Disapprove    \_\_\_\_\_ Date

Modification Recommended:

\_\_\_\_\_

\_\_\_\_\_

Public Works:        \_\_\_\_\_ Approve    \_\_\_\_\_ Disapprove    \_\_\_\_\_ Date

Modification Recommended:

\_\_\_\_\_

\_\_\_\_\_

Fire Department:    \_\_\_\_\_ Approve    \_\_\_\_\_ Disapprove    \_\_\_\_\_ Date

Modification Recommended:

\_\_\_\_\_

\_\_\_\_\_

Electric Utility:    \_\_\_\_\_ Approve    \_\_\_\_\_ Disapprove    \_\_\_\_\_ Date

Modification Recommended:

\_\_\_\_\_

\_\_\_\_\_

Final Action:        \_\_\_\_\_ Approve    \_\_\_\_\_ Disapprove

Modification Recommended:

\_\_\_\_\_

\_\_\_\_\_

Date Issued: \_\_\_\_\_