

Request for Street Closure City of Hazen

Name: _____

Street or Streets Requested to be Closed:

Dates:

Time/Length of Time Street will be Closed:

Reason for Closure Request:

Are barricades or Cones Needed?

YES – If yes, please specify what is needed:

NO _____

*****Please Note: The City of Hazen will only provide the standard street/traffic barriers – i.e, cones &/or barricades.*****

Approved by Hazen City Commission on: _____