



STREET CLOSING REQUEST

(BLOCK PARTY)
CITY OF CENTERVILLE
100 W. Spring Valley Road
Centerville, Ohio 45458
(937) 433-7151

Street _____

Between _____ and _____

Date Requested: _____ Time Requested: _____

Signatures of affected residents attached: Yes ___ No ___

NOTE: *Before approval can be granted, applicant must submit a list of signatures from all residents on the street to be affected by the closing, giving their permission for requested street to be closed.*

Requested By: Name _____

Street Address _____

Email Address _____

Phone _____

Police Department: Approved _____ Denied _____

Signature: _____ Date: _____

City Manager: Approved _____ Denied _____

Signature: _____ Date: _____

Fire Department Notified: Yes ___ Initials _____

Public Works Department:

Barricades Needed: Yes ___ No ___ Number of Barricades _____

Arrangements Made: Yes ___ No ___ Initials _____

ADDITIONAL NOTES: Please place _____ barricades in the driveway at _____
_____. **Return the barricades to the driveway for pick-up on Monday.**

COPIES TO: Public Works, Police Dept., Fire Dept., Applicant, and File.