



TOWN OF HOTCHKISS

276 West Main Street

PO Box 369

Hotchkiss, CO 81419

970-872-3663

REQUEST FOR STREET CLOSURE

\$10.00 FEE PER EVENT

(Name of Business/Organization/Individual) _____

is requesting to have the following Town of Hotchkiss street (include boundary cross streets/addresses)

to be closed on (Date) _____ from (Time) _____ AM/PM to _____ AM/PM

for (Event Name and Detail) _____

Contact Person: _____ Phone: _____

All affected businesses and neighbors within the area of this closure must be contacted and must sign off below. Please print name and address on line below followed by signature of consent. Please attach additional sheet if more businesses/neighbors are affected.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

****FOR TOWN USE ONLY****

Town Marshal's Office has reviewed and approves event and traffic control plans.

Signature of Marshal _____ Date _____

Public Works Department has reviewed and approves event and traffic control plans.

Signature of Public Works Director _____ Date _____

Approved by Mayor and Council _____ Date _____