

**CITY OF IDAHO SPRINGS
STREET CLOSURE APPLICATION**

Company Name _____

Applicant's Mailing Address: _____

Contact person: _____ Contact Phone _____

Dates (s) and time (s) of requested street closure:

Date	Time (indicate a.m. or p.m.)
_____	_____ Until _____
_____	_____ Until _____
_____	_____ Until _____

Describe requested closure locations, including street name, block, and cross street(s):
Draw closures on map.

INFORMATION PRECEDED BY A CHECK MUST BE SUBMITTED WITH YOUR APPLICATION FOR IT TO BE CONSIDERED.

