



STREET CLOSING APPLICATION

Date: _____

Type of Request (e.g., block party, parade, tree removal, family reunion, construction, commercial) _____

Date(s) For Event To Be Held: _____

Time For Event To Take Place: _____

Person(s) In Charge Of Event: _____

Telephone Number & email: _____

Area and Address of City Involved: _____

(Complete map showing all areas involved, including parade route and breakdown)

Special Requests: (e.g., police escort, special patrol, fire/ambulance, emergency vehicles, etc.)

COMPLETED APPLICATIONS WILL BE DISCUSSED BY APPROPRIATE CITY OFFICIALS.
APPROVAL WILL BE GIVEN FOLLOWING THIS REVIEW.

Approving Official: _____
City Manager or Designee

Distribute Copy of Application to the Following:	<input type="checkbox"/> Police	<input type="checkbox"/> Fire
	<input type="checkbox"/> Street	<input type="checkbox"/> Building Inspection

Mail or bring completed form to City Clerk, 406 E 7th St., Lexington, NE 68850, pbaruth@cityoflex.com