



## STREET CLOSING APPLICATION

Date: \_\_\_\_\_

Type of Request (e.g., parade, tree removal, construction) \_\_\_\_\_

Date(s) For Event To Be Held: \_\_\_\_\_

Time For Event To Take Place: \_\_\_\_\_

Person(s) In Charge Of Event: \_\_\_\_\_

Telephone Number & Email: \_\_\_\_\_

Major Intersections Impacted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approving Official: \_\_\_\_\_  
*City Manager or Designee*

Distribute Copy of Application to the Following:

|       |        |       |                     |
|-------|--------|-------|---------------------|
| _____ | Police | _____ | Fire                |
| _____ | Street | _____ | Building Inspection |

Mail, email or deliver form to Development Services Department, 406 E 7th St., Lexington, NE 68850,  
bbrecks@cityoflex.com