



Resident Signature Approval for Residential Street Closing

We, the undersigned, do hereby acknowledge the proposed street closing for the event of _____

held on the date of _____ with the street closure time from _____ a.m./p.m. to _____ a.m./p.m..

***Please check the appropriate box indicating if you support the Street Closing. The level of support from the residents of the closed area will be taken into consideration when the City Council considers approval. **The Street Closing will be considered at a future meeting of the City Council.** ***

NAME	STREET ADDRESS	DATE	SUPPORT CLOSURE	
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	/	/	<input type="checkbox"/> Yes	<input type="checkbox"/> No