



# CITY OF BANGOR

257 West Monroe Street  
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<b>CITY USE ONLY</b>
Date Rec'd: _____
Rec'd By: _____

## SPECIAL EVENTS/STREET CLOSING APPLICATION

**TODAY'S DATE:** \_\_\_\_\_

### EVENT INFORMATION

Name of Event: \_\_\_\_\_

Sponsoring Organization/Address: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Event/Route: \_\_\_\_\_

Event Description: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### **Street(s) asking to be closed:**

(street name) \_\_\_\_\_; between (street name) \_\_\_\_\_

And (street name) \_\_\_\_\_; on (date of event) \_\_\_\_\_

From (start of event) \_\_\_\_\_ to (time ending) \_\_\_\_\_

### CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_