City of Buchanan

Street Closure Request Form

Street(s) requested to be closed _____

_____

Street Closing: from _____ to _____

Date *Time* *Date* *Time*

Reason: _____

_____

Request being made by

Organization Name: _____

Address: _____

_____

Phone: _____

Company Representative Name *(printed)*: _____

Company Representative Signature: _____

Title: _____

Approved: _____

Police Chief

Approved: _____

Fire Chief

Approved: _____

Public Services Director

Approved: _____

City Manager

Comments (Office Use Only)

_____

302 Redbud Trail North Buchanan, Michigan 49107
(269) 695-3844
www.cityofbuchanan.com