# Hilliard Division of Police

CLEAR FORM

# STREET CLOSURE APPLICATION

| | | |
|---|---|---|
| Contact Name: | | Permit # |
| Address: | | |
| City: | State: | Zip: |
| Cell Phone: | Home Phone: | |
| Email: | | |
| Street/Subdivision/Organization Hosting the Closure: | | |
| Date of Street Closure: | Time Street Will Be Blocked | |
| | From: | To: |

***You are responsible for providing and erecting easily portable barricades for the street closure.***

Comments: (i.e., "Only the cul-de-sac will be blocked." "Brown Rd will be blocked between Red Dr. and Yellow Dr.")

***List below each street address that will be affected by the street closure. One adult from each affected address must sign his or her name, signifying permission for the street closure. Use additional paper, if needed.***

| Street Address | Signature | Printed Name |
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***Return completed form to: Hilliard Division of Police, Attn: Street Closure Permits, 5171 Northwest Parkway, Hilliard, Ohio 43026. Call (614) 334-2140 with questions.***

| Street Address | Signature | Print Name |
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