

PARADE RUN EVENT FILM
CLOSURE PERMIT APPLICATION

Please print/or type information below:

Today's Date _____

Company Name: _____

Company Address: _____

Contact Name: _____ After Hours/Emergency Phone #: _____

Phone #: (_____) _____ Fax #: (____) _____

Email Address: _____

Parade/ Run /Event/Film Name: _____

Security Company: _____

Map Attached: Yes _____ No: _____

Start Date: _____ Number of Days Needed: _____

Start Time: _____ Finish time: _____

Work Weekends: Yes _____ No: _____

Requested By: _____

Signature

Print Name

Office Use Only:

Received By: _____ Permit Number: _____

Payment Type: _____ Permit Fee: _____

PARADE RUN EVENT FILM
CLOSURE PERMIT APPLICATION

Street Location: _____ Date: _____ Time: _____

Lane Street Sidewalk Meter

Cross Street: _____ Cross Street: _____

Street Location: _____ Date: _____ Time: _____

Lane Street Sidewalk Meter

Cross Street: _____ Cross Street: _____

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