

Street Closure Application

City of Clarion
121 1st Street SW
Clarion, IA 50525



Reason for Street Closure: _____

Company/Applicant _____ Address _____ City, State, Zip _____

Primary Contact Name _____ Phone _____ e-mail address _____

Date of Event: _____ Time: _____ to _____

Street(s) to be closed: _____

Please include street names and identify areas requested for closure.

Applicant is responsible for obtaining their own barricades. The City will not deliver, set up or remove barricades
Please attach a brief description of the event and any items that will be placed in the street.

Date of Application: _____

Signature/ Title _____

Office Use Only:

Approval must be granted by all Departments noted below:

Clarion Police Department _____ Approved
515-532-2515 _____ Denied

Signature _____ Date _____

Notes or Comments:

Clarion Public Works _____ Approved
515-532-2847 _____ Denied

Signature _____ Date _____

Notes or Comments:

City Administrator _____ Approved
515-532-2847 _____ Denied

Council Approval date: _____

Signature _____

Notes or Comments:

