Village of Clinton

119 E. Michigan Ave.

(517) 456-7494

Application for Street/Parking lot Closure

Date:_____

Applicant:_____

Address:_____

City, State, Zip:_____

Phone Number:_____

Event Date:_____   Event Times: From:_____To:_____

Expected number of attendees:_____

Purpose and location of event, including a diagram/drawing on back of application:

_____

_____

_____

_____

_____

_____

Special Requests by Village Staff:

_____

_____

_____

_____

_____

Acknowledgement of Terms and Conditions: The applicant, hereby agrees to comply with the terms and conditions of the Street/Parking lot Closure Policy (attached), as well as all applicable Village ordinances, rules and policies. The applicant certifies that they have read the Street/Parking lot Closure policy, and further agrees to have all attendees abide by the terms and conditions provided therein.

Applicants Printed Name: _____

Applicants Signature: _____ Date: _____

Village Employee Signature: _____ Date: _____