



**City of Olney
Request for Temporary Street Closings
For Special Events**

Requests for temporary street closings must be made **at least** fifteen (15) days prior to the event. Main Street (Hwy 114), Throckmorton Highway (Hwy 79), Springcreek Road (FM 210), and South Avenue M (Loop 132) are State Highways and cannot be closed for Special Events, but traffic may be regulated to slow speeds. Requests may or may not be approved for various reasons. A denied request may be appealed to the City Council if time permits. For that reason you are encouraged to apply as far in advance as possible. Police officers will not be provided at all blocked intersections, but a police presence at an event may be requested as scheduling allows.

Event: _____

Sponsoring Person and Party: _____

Contact Name (Work, Home, Cell): _____

E-mail: _____

Event Date(s): _____ Time Range (From-To) _____

Streets requesting to be closed: _____

Time of Closing: _____ Time of Reopening: _____

By signing this request you are agreeing to the following: You are responsible for setting up the barricades provided by the city at the designated time of closing and taking them down at the designated time of reopening. Barricades must be arranged as shown on the attached drawing. If you fail to take down the barricades you will be charged a minimum \$100 charge for take down of the barricades by City employees. You are responsible for removal of any and all trash generated by the event. Failure to remove trash will result in a minimum \$100 charge for City employees to do so, with each hour of work constituting another \$100 charge. You must provide homeowners in the closed area access to their driveways and houses during the closure, and provide emergency vehicles access during the closure. Closed streets must be immediately reopened upon demand from an authorized City employee.

Signature: _____ Date of Request: _____

Office Use Only

The above application has been reviewed and is recommended/not recommended for approval (If approval is not recommended, state the reasons and attach a separate memo):

Fire Department: _____ Recommended / Not Recommended

Public Works Director: _____ Recommended / Not Recommended

Chief of Police: _____ Approved / Not Approved

City Administrator: _____ Approved / Not Approved
(Or City Secretary in Absence)

Date of Final Approval or Disapproval: _____