

Phone: 732-776-7224

106 West Sylvania Avenue Neptune City, New Jersey 07753

Email: <a href="mailto:clerk@neptunecitynj.com">clerk@neptunecitynj.com</a>

## **APPLICATION FOR A STREET CLOSING PERMIT**

Name:	Date:
Address:	
Phone:	Email:
Location of requested closure:	
Reason for request:	
Date(s) requested closure:	
Time of requested closure:	

By signing below, residents affected by the proposed closure have accepted and acknowledged notification of the above-listed closure.

NAME	ADDRESS	SIGNATURE