



Street Closure Notification Form

The undersigned have been notified that a portion of _____
_____(Street Name) will be closed for a _____(Type of
Event) to be held on _____(Date and Times).

Name of Requestor: _____ Contact: _____

By signing below, the residents affected by the proposed closure acknowledge notification of the above listed street closure.

| NAME | ADDRESS | SIGNATURE |
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Borough Administrator

Chief of Police

Director of Public Works