



Request for Special Events

Requests for Temporary Street Closures and Special Events must be submitted at least fifteen (15) days before the event. Please be aware that 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; however, traffic may be regulated to slow speeds. Requests may be approved or denied for various reasons. If a request is denied, an appeal may be made to the City Council, provided there is sufficient time, so early application is strongly encouraged. Police officers will not be stationed at all blocked intersections, although a police presence may be requested, subject to scheduling availability. Additional charges may apply depending on the number of officers and level of law enforcement presence needed. If you are requesting a street closure, please attach a map illustrating the proposed closure.

Event Name : _____ Event Location: _____

Sponsoring Person and Party: _____

Event Coordinator's phone numbers Home: _____ Work: _____ Cell: _____

E-mail: _____

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

Streets requesting to be closed: _____

Time of Closing: _____ Time of Reopening: _____

Special requests (Circle) Traffic cones# ___ / Barricades# ___ / Trash Cans # ___ / Law Enorcment Officers # ___ / Fire Department / EMS

Other needs not specified: _____

By signing this request, you agree to be responsible for setting up the barricades provided by the City at the specified closing time and for their removal at the designated reopening time, following the arrangement shown in the attached drawing. Failure to remove the barricades will result in a minimum charge of \$100 for City employees to perform the takedown. Additionally, you are responsible for the removal of all trash generated by the event. If trash is not removed, a minimum fee of \$100 will be charged, with an additional \$100 for each hour of work required by City employees. During the closure, you must ensure that homeowners in the affected area have access to their driveways and homes and that emergency vehicles can pass through if necessary. Closed streets must be reopened immediately upon request 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

Final Approval or Not Approved Date _____