

## Town of Collbran Street Closure Request

All applications for street closure shall be approved by the Collbran Board of Trustees.

**Applicant:** \_\_\_\_\_

**Representative:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Event Description:** \_\_\_\_\_

**Section of Roadway to Be Closed:** \_\_\_\_\_

\_\_\_\_\_  
(Please attach map)

**Date of Closure:** \_\_\_\_\_

**Time of Closure:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Terms and Conditions:**

1. Applicant shall coordinate with public works department and Collbran marshal's Department.
2. Barricades shall be removed to the edge of the street to a safe location within one half hour of the end of the closure.
3. Applicant shall be responsible for the return of all barricades to public works department within 24 hours of the end of the street closure.
4. All sections of the street closed shall be cleaned and left in a clean condition after the closure.

**Board of Trustees Decision:** Approved      Denied

**Date of Approval:** \_\_\_\_\_

**Town Administrator:** \_\_\_\_\_