CITY OF BANDERA

511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 522-3126 • F: (210) 761-7352

Street Closure Application

APPLICANT INFORMATION

Organization: _____

Name/Contact: _____

Address: _____

Phone: _____ Email: _____

EVENT INFORMATION

Event Name/Title: _____

Date(s) of Event: _____ Time of Event: _____

Type of Event/Description: _____

ROAD CLOSURE REQUEST

Begin Date: _____ Begin Time: _____

End Date: _____ End Time: _____

Special Requests: _____

Event Closure Request Location: _____

Address/Street Name: _____

(Please complete the map noting the location of requested closures on the back of this application.)

Applicant Signature:_____ Date:_____

FOR CITY USE ONLY:

Permit Number: _____

Date Received:_____ By:_____

Date fee paid: _____ Amount: $_____ Date permit expires: _____

Approval signature: _____

Title:_____

MAP OF STREET CLOSURE REQUEST:

Clearly indicate with a color marker or pen the locations which you are requesting to be closed.