Clinton
Hub City of Western Oklahoma

STREET CLOSURE APPLICATION

Please complete the following information and return to the City Manager's Office, 415 Gary Blvd, Clinton, OK 73601 Once the information is received, the permit will be reviewed.

If approved, you will be sent a copy of the signed application by the City Manager, granting approval. Copies of the application with a map designating the street closure will be provided to the City of Clinton Police Department, Fire Department, and Public Works Street Department.

Applicant's Name: _____ Date: _____

Address: _____ City/State_____

Email: _____ Phone: _____

☐Lane ☐Road ☐Parking Lane

Location of closure: _____
Description of closure: _____
On the following date(s): _____
Between the hours of: _____

_____ _____

Applicant's Signature **Applicant's Company and Title – please print**

Permission is subject to the following provisions:

1. The lane/road closure takes place on the following date(s) _____ - _____ and between the hours of _____ and _____.

2. You will notify all adjacent property owners affected by the closure.

3. The street and sidewalk will be cleared of all debris resulting from your event.

4. The City of Clinton is held harmless from any claims arising from injuries or damages caused by the event.

Once signed by the City Manager, you are hereby granted street closure at the above-mentioned location.

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Robert Johnston, City Manager