

CITY OF CHARLESTON
STREET CLOSURE REQUEST

Name/Organization: _____

Contact Person: _____

Address: _____

Telephone: Home: _____ Business: _____ Cell: _____

Function/Reason for Closure:

Closure Location(s) / Route:

Attach Map of Route for Parade or Race.

Submission Date: _____

Requested Closure Date(s): _____

Requested Closure Time(s): _____

NOTE: STREET CLOSURE REQUESTS MUST BE APPROVED BY CITY COUNCIL.

REQUESTS MUST BE SUBMITTED AT LEAST THREE (3) WEEKS PRIOR TO

DATE OF EVENT.