

**TOWN OF SIGNAL MOUNTAIN
APPLICATION FOR SPECIAL EVENT STREET CLOSURE**

Name and Nature of Event _____

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

Sponsoring Organization/Individual _____

Event Coordinator _____ Day Time Phone _____

Email Address: _____ Cell # _____

Mailing Address _____ City _____

State _____ Zip Code _____ Email _____ Fax _____

Event Representative responsible for installation and removal of traffic control devices
for event _____ Daytime Phone _____

Description of Proposed Street Closure/Route and provide a map _____

This Application Shall Be:

- **Accompanied by a map showing location of street(s) or portions of streets to be closed**
- Submitted no more than 120 days but no less than 30 days prior to the event

The Sponsoring Organization shall be responsible for reimbursing the Town of Signal Mountain for any loss of or damage to traffic control devices provided by the Town.

Initial _____

Given the residential nature of roadways within the Town, it is very possible that vehicle traffic may be present on roadways closed to through traffic. The Sponsoring Organization must advise participants accordingly and encourage due caution.

Initial _____

Event Coordinator's Signature _____ **Date** _____

Approval:	Approved	Denied	Date
Town Manager (event)	_____	_____	_____
Street Department	_____	_____	_____
Police Department	_____	_____	_____
Fire Department	_____	_____	_____
Town Manager (final)	_____	_____	_____