



CITY OF ABILENE
Street Closure Request
(Non-Construction Events Only)

Date of request: \_\_\_\_\_

Organizer (contact person): \_\_\_\_\_

Address (home): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Representing (organization name): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

A contact phone number is required. Fax and email are optional.

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

What is your event? \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Purpose: \_\_\_\_\_

Will your event be in a City Park? Yes No If yes, what park? \_\_\_\_\_

Projected number of participants: \_\_\_\_\_

Address of Street Closure: \_\_\_\_\_ From Cross Street: \_\_\_\_\_ To Cross Street: \_\_\_\_\_

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(Example: 300 NW 2nd St., From Cedar to Mulberry)

If other City services or amenities are requested for an event to be held in the Eisenhower or Bicentennial Park, please detail below (i.e. picnic tables, trash receptacles, etc.):

Empty rectangular box for detailing services or amenities.

Acknowledgement by organizer/responsible party:

The undersigned does hereby acknowledge that the City of Abilene requires that any Street/Block Closure granted by the City of Abilene will conform to all applicable local ordinances and state laws.

Duly signed by: \_\_\_\_\_

Print or type name here: \_\_\_\_\_

Street Closure Barricades are the responsibility of the applicant and must conform to city detour requirements. Applicant may contact Abilene Public Works Dept., at 785-263-3510, reference availability of barricades.

Please indicate if the following are in the area (check all that apply):  Nursing home  Day care  Multi-family apartments

Signatures are required for the Street/Block Closure. All properties, within the requested area, must be notified of the request for local street/block closure as detailed on this application form. Each property must indicate support (Y) or opposition (N) in the appropriate column.

This request **must be** circulated to all households/businesses within the requested street closure area prior to City consideration. Consideration of the request will only occur if at least 70% of the signatures of residences and or businesses in the affected local street / block closure area approve. Signatures from each household/business within the requested area must appear on the attached form.

Send completed request to:

Abilene Police Dept.  
PO Box 419  
Abilene, KS  
67410  
785-263-1213  
Fax: 785-263-1523

Date organizer notified of approval or decline: _____		<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Signed by: _____			
Official _____		Date _____	
<b>Sign, date, and forward to the following departments (office use only)</b>			
Abilene Police Department:	_____		
Public Works Department	_____		
Abilene Fire Department:	_____		
	_____		
	_____		
	_____		

