



**APPLICATION AND PERMIT FOR
TEMPORARY USE OF RIGHT-OF-WAY
STREET/ALLEY CLOSURE**

DATE _____

APPLICANT _____

ADDRESS _____

PHONE NUMBER(S) _____ EMAIL: _____

LOCATION OF CLOSURE _____

COMPANY PROVIDING SERVICE _____

DATES INVOLVED _____

You have been granted permission to close a specific street/alley within the right-of-way
at _____ for the purpose of _____

_____. If a physical obstacle is involved, it is understood that it will be delivered on
_____ and removed on _____

Please contact us at 513-831-4192 if there are any changes.

Approved by:

City Manager _____ Date _____

*Original to Applicant
Copy to Police, Street Department, and Fire Department*