

Special Event Roadway Closure Permit Application

This is an application/request only and does not guarantee a permit will be issued. To avoid any misunderstanding, be sure to read all information and Conditions of Use.

Organization Name:			
Main Contact:	E-mail:		
Mailing Address:			
City/Town:	Postal Code:		
Phone (Home)	(Work)	(Cell)	(Fax)
Alternate Contact:		E-mail:	
Phone (Home)	(Work)	(Cell)	(Fax)
Date(s) Requested:		_	
Set Up Time:		_ Event Start Time:	
Event End Time:			
Location Requested:			
NOTE: Need complete support fro	m all residents	/businesses involved (us	e back if more lines are needed)
Name	Address		Signature
The personal information requested on the provisions of the Freedom of Information are information provided to the City on this form,	nd Privacy Act. If yo	ou have any questions regarding	
Applicant's Signature:		Date	:
	e South, Let 1163 Ph	hbridge, AB T1J 0F one: (403) 320-3011	I
For Office Use:		P	ermit No
Traffic Operations Approval:			