

APPLICATION FOR RESIDENTIAL STREET CLOSURE

**City of Brighton
200 N. First Street
Brighton, MI 48116
(810) 227-1911**

Nature, Purpose, Description for Street Closure: _____

Date of Event: _____

Time Period for Street Closure: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Driver License Number: _____

Daytime Phone Number: _____

PLEASE ATTACH A SKETCH OF THE PORTION OF THE STREET TO BE CLOSED

Reviewed By:

Larry Lane, Fire Chief

Date

Mike Kinaschuk, Police Chief

Date

Matt Schindewolf, DPS Director

Date

Approved By:

Dana W. Foster, City Manager

Date