

CITY OF RHINELANDER
STREET CLOSING PERMIT



ALL the information must be provided for process!

Name of Person Requesting: _____

Address: _____

Phone Number: _____ Cell #: _____ Work #: _____

Organization Name: _____
(If Applicable)

Name of Responsible Party: _____

Address: _____

Phone Number: _____ Cell #: _____ Work #: _____

DATE OF EVENT: _____ Start time: _____ End time: _____

Nature of Activities: _____

Streets/Intersections requested to be blocked off: _____

BARRICADES: Number required/requesting _____ Site plan provided? Yes No

I certify that all of the above answers are true and correct: That I have read and fully understand the Street Closing Policy and Barricade Rental Rates, which includes the procedures and the responsibilities of the applicant, organization and responsible party.

Signature: _____ Date: _____

Applicant: Responsible Party: Acting Agent: Print Name _____

OFFICE USE ONLY

Date Application was received: _____ Action Taken: Approved Denied

Details: _____

Signature: _____ Date: _____
Chief of Police

Departments Notified:

- Fire Department
- Public Works
- City Clerk
- Oneida County Ambulance
- Police Department
- Oneida County Sheriff's Department
- Administrator