



200 N. Lake Street
Cadillac MI 49601
Phone (231) 775-0181
www.cadillac-mi.net

Today's Date _____

City Received Date

MUST BE OFFICIALLY CITY DATE STAMP

Street & Parking Lot Closure Request Form

Please fill out a separate form for each date

Reason for Request _____

Contact Person _____

Contact Phone _____ Contact Email _____

Date: __ / __ / __		Street Closures	
Street Name _____	Beginning Location _____	Ending Location _____	
	Beginning Time __: __ AM/PM	Ending Time __: __ AM/PM	
Street Name _____	Beginning Location _____	Ending Location _____	
	Beginning Time __: __ AM/PM	Ending Time __: __ AM/PM	
Street Name _____	Beginning Location _____	Ending Location _____	
	Beginning Time __: __ AM/PM	Ending Time __: __ AM/PM	
Street Name _____	Beginning Location _____	Ending Location _____	
	Beginning Time __: __ AM/PM	Ending Time __: __ AM/PM	
Date __ / __ / __		Parking Lot Closures	
Lot Location _____	Street _____	Nearest Cross Street _____	
	Beginning Time __: __ AM/PM	Ending Time __: __ AM/PM	
Lot Location _____	Street _____	Nearest Cross Street _____	
	Beginning Time __: __ AM/PM	Ending Time __: __ AM/PM	
Lot Location _____	Street _____	Nearest Cross Street _____	
	Beginning Time __: __ AM/PM	Ending Time __: __ AM/PM	

Form must be mailed or delivered to the above address or emailed to: javila@cadillac-mi.net **(No Faxes accepted)**

I understand and agree to these requirements & understand if these are not met the request will be denied.

Print Name _____ Signature _____ Date __ / __ / __

Request will be reviewed & you will be notified if additional information is needed and/or if request is approved or denied.

For Office Use Only

Streets _____	Date Approved _____	Comments _____
Parks _____	Date Approved _____	Comments _____
Fire _____	Date Approved _____	Comments _____
Police _____	Date Approved _____	Comments _____
City Manager _____	Date Approved _____	Comments _____
City Council _____	Date Approved _____	Comments _____