

VILLAGE OF MISHICOT

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STREET CLOSURE APPLICATION

Please fill out the required informations must be signed by the	· · ·	• •	•
days prior to the Special Event and	• •		
Name of Event:	Nature/Purp	Nature/Purpose of Event:	
This is () Profit () Non-Profit E	event Who will benefit f	rom this event:	
Date of Event: Per	rson in Charge:	Phone #:	
Street Name:	Hours of Closure:	AM/PM to	AM/PM
Signs and Barricades must be displ	layed during event. () App	licant supply () Village	e Supply
Additional Requirements:			
 approved. Applicant must submit writ the event with the applicat Applicant is responsible for HOLD HARMLESS AGREEM Village including officials a may arise from this event. 	display and remove the barretten approval from the propertion. If the entire clean-up of the same agrees the and employees harmless from Applicant must also add the policy and provide a certification.	erty owners that may be a treet and area requested o defend, indemnify, and m any liability, damage o ne Village of Mishicot as a	affected by l above. d hold the or claim that an additional
Name of Applicant:		Phone #:	
Address:			
Signature of Applicant		Date Submitt	ed
OFFICE USE ONLY:			

Approved by: