



MADISON

Indiana

Street/Sidewalk Closing Request Form

Requestor:

Name of Organization/Group: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: (_____) _____-_____

Email Address: _____

Contact:

Contact Person: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Phone: (_____) _____-_____

Email Address: _____

Closing Information:

Streets to be closed: _____

From Street: _____ From Date: _____ From Time: _____

To Street: _____ To Date: _____ To Time: _____

Date Received: _____

Event Information:

Name of Event: _____

From Time: _____

To Time: _____

Approval/Acknowledgement:

BPWS _____ Date _____

Street Department _____ Date _____

Chief of Police _____ Date _____

Fire Chief _____ Date _____

For questions, please contact Tammy Acosta at 812-265-8300.

* A map highlighting your proposed street closures must also be submitted.

** You must appear before the Board of Public Works and Safety for your request to be considered.