

**PETITION FOR CLOSURE OF  
RESIDENTIAL STREET**

Location, Date and Time of Planned Event: \_\_\_\_\_

Name of person circulating request: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**A request has been made for a temporary closure of your street. If 75% of the residents on this street approve of the closure, it will be considered for approval.  
Those not favoring the request will be given every consideration possible. Are you in favor of this request?**

The undersigned residents with property abutting the above-referenced street indicate their consent to the closure of such street between the hours of \_\_\_\_\_ \_\_. m. and \_\_\_\_\_ \_\_.m. Each person signing must be an adult and either an owner or resident. For purposes of this Petition, each lot or parcel shall have only one vote.

NAME	ADDRESS	SIGNATURE	Phone #	Yes	No

**USE ADDITIONAL PAGES IF NECESSARY**

NAME	ADDRESS	SIGNATURE	Phone #	Yes	No

USE ADDITIONAL PAGES IF NECESSARY