STREET CLOSING REQUEST IN MONCLOVA TOWNSHIP

REQUESTI	ED BY:			
Responsible	e Party's Name:			
Address:				
General Are	ea/Subdivision:			
Telephone:		Email:		
Fire/Rescue	person/persons is requesting approval from Department for a street closure for purpose tach map or draw on opposite side)	es of a block party to be held	at: (specific address rai	
on (date)		from the hours of	to	·
1. 2. 3. 4. 5.	Access to all residences and fire hydrar emergency vehicles, Any activity on the street must be limit the fire hydrant, Fire apparatus must have a minimum of The Fire Department must have the abi (The use of barricade tape to cordon of Affected residents are notified.	ed to no more than one land f 10' feet of unobstructed vality to get an engine to the f or restrict traffic flow is r	street(s) shall not be on the of travel on the opposition width, and street in front of each recommended.)	posite side of
********* APPROVEI	**************************************	********	********	******
Kevin D. Be	ernhard, Sr. Monclova Township Fire Chief	Date	Other condition	ns apply, see attached
	_	Date	Other condition	ns apply, see attached
Harold A. C	Grim, Monclova Township Administrator			

NOT VALID WITHOUT BOTH TOWNSHIP SIGNATURES