STREET CLOSING REQUEST IN MONCLOVA TOWNSHIP

REQUESTED BY:			
Responsible Party's Name:			
Address:			
General Area/Subdivision:			
Telephone:	Email:		
Fire/Rescue Department for	s requesting approval from Monclova Townsl a street closure for purposes of a block party w on opposite side)	to be held at: (specific address	
on (date)	from the hours	of to	
 Access to all r emergency vel Any activity o the fire hydrar Fire apparatus The Fire Depa (The use of ba Affected resid 	n the street must be limited to no more that, must have a minimum of 10' feet of unolartment must have the ability to get an engricade tape to cordon off or restrict traffi	specified street(s) shall not nan one lane of travel on the obstructed width, and gine to the street in front of ic flow is recommended.)	be obstructed to e opposite side of
**************************************	**************	********	******
 Monclova Township Fire~F		Other con	nditions apply, see attached
Monclova Township-Harolo	Date Date	Other con	nditions apply, see attached

NOT VALID WITHOUT BOTH TOWNSHIP SIGNATURES

Copy of Approved Request Sent to the Following Departments:

Monclova Fire/Rescue
Road Department
Administration Records
Lucas County Sheriff's Dept., Sub-Station 28