



100 Northeast Seventh Avenue
P O Box 244
Little Falls MN 56345
(320) 616-5500

TEMPORARY ROADWAY CLOSING, SIDEWALK CLOSING, SIDEWALK DISPLAY OR PROMOTION

Requesting Agency/Individual: _____

Address: _____

Cellular Phone No.: _____

Date of Request: _____

Purpose of Request: _____

Area Requested to be Closed: _____

Provide a map on back of application or attach a map of the location requested.

Time Period of Closure:

From: _____ am/pm Date: _____

To: _____ am/pm Date: _____

In making this application it is understood that the applicant will provide access for emergency vehicles, cleanup the area after the event, and waive the City of Little Falls of any liabilities incurred during this public property (i.e. sidewalk, etc.) closing.

REQUESTED BY:

(Requesting Agency/Individual)

(Signature of Authorized Official)

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***THIS AREA FOR CITY USE:***

This closure has been reviewed and approved by:

Police Chief \_\_\_\_\_

Dated: \_\_\_\_\_

Fire Chief \_\_\_\_\_

Dated: \_\_\_\_\_

Public Works Director \_\_\_\_\_

Dated: \_\_\_\_\_

Approved by City Council \_\_\_\_\_

(Date)

City Staff \_\_\_\_\_