

OFFICE OF THE CITY CLERK

Brenda Green, CMC
City Clerk
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Highland Park, MI 48203
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AUTHORIZATION FOR TEMPORARY STREET CLOSING

Date Submitted _____

Street: _____ between _____ & _____

Time: _____ (4 hour time limit)

Date: _____

Organization/ Person requesting authorization: _____

Contact person for Organization: _____

Phone: _____

Approved by:

Police Department

Department of Public Works

City Clerk

PLEASE NOTE!

The signatures of 15 residents of the block to be closed are required (see back).

Request must be received 2 weeks prior to desired date.

AUTHORIZATION FOR TEMPORARY STREET CLOSING

Signatures of residents of the block to be closed

Signature

Address

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____