CITY OF LAREDO

Community Development Department
Real Estate Division

TEMPORARY STREET CLOSURE PERMIT APPLICATION ACKNOWLEDGEMENT FORM

We, the undersigned, **ACKNOWLEDGE NOTIFICATION** of the temporary street closure of the following street(s):

Primary Street Name:	**between (street name)**	**to (street name)**
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		

Organization Name: _____

Event Name: _____

Proposed date(s) and time(s) to be closed and re-opened:_____

- We understand that during the time of closure vehicular access to our property or business, within the closure will be denied, unless special arrangements have been made.
- Acknowledge in writing from all persons whose property fronts the proposed street closure or whose driveways(s) fronts the street being closed, regardless of whether or not they are participating in the event.
- We understand that the closure may be permitted even if we indicate our own disapproval.

DATE	BUSINESS / CONTACT NAME	ADDRESS	APPROVAL/DISAPPROVAL
			☐ Approve ☐ Disapprove
			☐ Approve ☐ Disapprove
			☐ Approve ☐ Disapprove
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