TICHIGN'S	NOTE: ALL CLO	(N SURES MUST	lon-construction Ev	osure Request ents Only) NCIL APPROVAL. REQUEST	TS MUST BE
Application date:		R	eceived by:		
Organizer (contact person):					
Address (home):				Zip Code:	
Representing (organization r	name):				
Address:				_Zip Code:	
Contact information:			-11-		
Phone: Fax:					
What is your event? Event date(s):					
Time barricades will need to	be placed:	Start Tir	me:	End Time:	
Purpose:					
Location of event:					
Are local street closures requ	uired?	Yes	No		
If Yes, please be very	/ specific about t	he local stree	t(s) / block(s) to be	closed:	
Note: please provid	e detailed explan	ation and ma	p.		
Projected number of particip	ants:	Po	edestrian event?	YesNo	
Acknowledgement by organi	zer/responsible	party:			
The undersigned does herel request granted by the City but not limited to, the cons	of Leslie will con	form to all a	oplicable local ordi	nance and state laws. Ac	ctivities such as,

Duly signed by: _____

distribution are strictly prohibited, and shall be enforced.

Print or type name here: _____

Type of announcement for the event (check all that apply): ____Word of mouth ____Flyer ___Newsletter ____Radio _____Advertisement ____Other _____

This request **must be** circulated to all households and businesses within the requested local street closure area. Consideration of the request will only occur if businesses and/or residents are notified by the event organizer. List all businesses and residents on the following page(s) and affirm that contact has been made regarding street

closure request. Failure to provide street closure acknowledgement form will result in denial.

Send completed request to:

City of Leslie Attn: Leslie City Clerk PO Box 496 Leslie, MI 49251 517-589-8236 Clerk@cityofleslie.org

PLEASE NOTE: The Department must receive the request at least four (4) weeks prior to the event.

	Office Use Only		
Date of next Leslie City Council Meeting:			
Date organizer notified of approval or decline:		Approved	_Declined
Chelsea Cox, Clerk	Date		
Forward to the following departments for review:			
Department of Public Works			
Leslie Police Department			
Leslie Fire Department			

Required of Applicant

Business Acknowledgement for Local Street/Block Closure Request

***Please list each individual business and/or resident located on street(s) requested for closure**

BUSINESS/HOMEOWNER NAME	ADDRESS	METHOD OF CONTACT	DATE NOTIFIED

Required of Applicant

Business Acknowledgement for Local Street/Block Closure Request

***Please list each individual business and/or resident located on street(s) requested for closure**

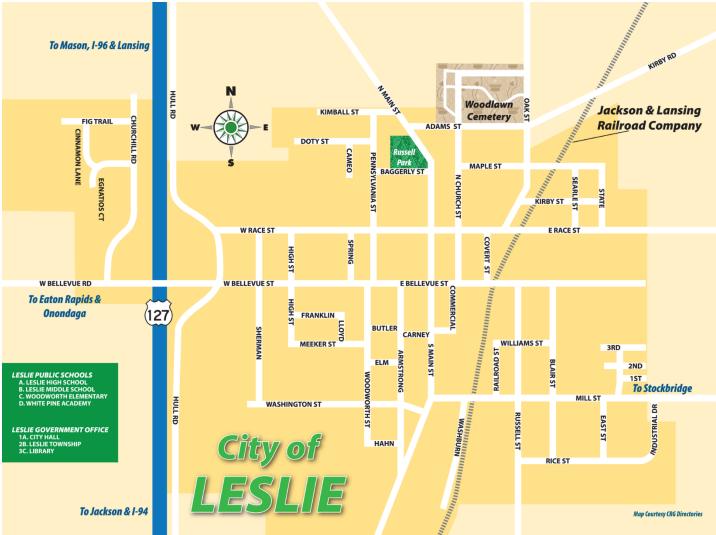
BUSINESS/HOMEOWNER NAME	ADDRESS	METHOD OF CONTACT	DATE NOTIFIED



CITY OF LESLIE Local Street/Block Closure Map

(Non-construction Events Only)

Please indicate where barricades should be placed and list specific closure times



Location of barricade 1:	_ Closure time:	_to
Location of barricade 2:	_ Closure time:	_to
Location of barricade 3:	_ Closure time:	_to
Location of barricade 4:	_ Closure time:	_to
Location of barricade 5:	_ Closure time:	_to
Location of barricade 6:	_ Closure time:	_to
Location of barricade 7:	_ Closure time:	_to
Location of barricade 8:	_ Closure time:	_to