



CITY OF LESLIE

Local Street/Block Closure Request

(Non-construction Events Only)

NOTE: ALL CLOSURES MUST HAVE PRIOR COUNCIL APPROVAL. REQUESTS MUST BE SUBMITTED 4 WEEKS PRIOR TO EVENT.

Application date: _____ Received by: _____

Organizer (contact person): _____

Address (home): _____ Zip Code: _____

Representing (organization name): _____

Address: _____ Zip Code: _____

Contact information:

Phone: _____ Cell: _____

Fax: _____ Email: _____

What is your event? _____

Event date(s): _____ Start Time: _____ End Time: _____

Time barricades will need to be placed: _____ Start Time: _____ End Time: _____

Purpose: _____

Location of event: _____

Are local street closures required? _____ Yes _____ No

If Yes, please be very specific about the local street(s) / block(s) to be closed:

Note: please provide detailed explanation and map.

Projected number of participants: _____ Pedestrian event? _____ Yes _____ No

Acknowledgement by organizer/responsible party:

The undersigned does hereby acknowledge that the City of Leslie requires that any Local Street/Block Closure request granted by the City of Leslie will conform to all applicable local ordinance and state laws. Activities such as, but not limited to, the consumption of alcohol (outside of social district), excessive noise, profanity, drug use or distribution are strictly prohibited, and shall be enforced.

Duly signed by: _____

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*****

[illegible]

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*****

[illegible]



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 _____