

CITY OF DAVENPORT

STREET CLOSURE PETITION FOR SPECIAL EVENTS

On the day of	, 20	during the hoເ	ırs of	
there is proposed a s	street closure, requeste	ed by		, which wi
require the closing of		betwe	en	and
Please note: dates and	 times on this form must n	match those entere	ed on the speci	ial events application.
<u> </u>	me and print address , opposed to the stre			-
NAME AND ADDRES	S	IN FAVOR	OPPOSED	NOT CONCERNED
				
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If more space is need	ded, please use additior	nal sheets.		
f If you are unable to ime(s) you attempted.	make contact with a r	resident/business	s, please indic	cate the date(s) and
	Si	Signature of Applicant		Date
Office of the City Clerk	226 West Fourth	Street Em	ail: Brian.Kru	o@davenportiowa.c

563-326-6163

Davenport, Iowa 52801