

**EVENT CLOSING OF RIGHT OF WAY FORM**

**City of La Grange, Kentucky**

Name of organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Day and night time telephone number \_\_\_\_\_ / \_\_\_\_\_

Event name or reason for closing \_\_\_\_\_

\_\_\_\_\_

Date of closing \_\_\_\_\_

Time of day closed \_\_\_\_\_ Time of day reopen \_\_\_\_\_

Street to be closed \_\_\_\_\_

From \_\_\_\_\_ street to \_\_\_\_\_ street

Street to be closed \_\_\_\_\_

From \_\_\_\_\_ street to \_\_\_\_\_ street

Street to be closed \_\_\_\_\_

From \_\_\_\_\_ street to \_\_\_\_\_ street

Signed \_\_\_\_\_ Date \_\_\_\_\_

Processing Fee \_\_\_\_\_

Mayor \_\_\_\_\_ Date \_\_\_\_\_

La Grange Police Chief \_\_\_\_\_ Date \_\_\_\_\_

**John W. Black**  
Mayor  
[mayor@lagrangeky.net](mailto:mayor@lagrangeky.net)



**Stephanie Cooper**  
City Clerk  
[scooper@lagrangeky.net](mailto:scooper@lagrangeky.net)

## Event Closing of Right of Way Agreement

This is an agreement between The City of LaGrange and \_\_\_\_\_.

I understand that by requesting the right of way to be closed for my event I am responsible for all cones and signs that have been reserved for the event from the LaGrange Public Works Dept. It is my responsibility to pick up the needed road closure materials from the Public Works Dept and return them Immediately after the event or not later than \_\_\_\_-\_\_\_\_-\_\_\_\_. Should I fail to return the signage or if damaged, I understand that there will be a replacement fee for each item I've received, and or future road closures will not be permitted. Fees are as follows:

**Barricades \$50.00/\$120.00**



**Road Closed Sign \$120.00**



**Cones \$20.00**



Barricades \_\_\_\_\_qty

Cones \_\_\_\_\_qty

Road Closure w/stand \_\_\_\_\_qty

Public Works Rep. \_\_\_\_\_

Signature of Responsible Person \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Contact # \_\_\_\_\_

Address \_\_\_\_\_