

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 _____