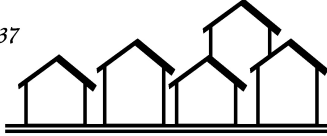


CITY of ROSSVILLE
founded in 1871
"Come Grow With Us!"

City Hall
 438 Main • P.O. Box 337
 Rossville, KS 66533
 785-584-6155
 785-584-6667, fax



APPLICATION FOR TEMPORARY STREET CLOSING PERMIT

Responsible Party:

 (Name in Print) (Address/Zip Code) (Telephone)

I, the undersigned, having read and understood the City of Rossville Street Closure Policy, do hereby petition for the closure of:

 (Street Name)

Between _____ and _____

on _____ From _____ to _____
 (Date & Day of Week) (Time) (Time)

for purpose of: _____
 (Detailed Description of Event)

I agree to comply with the provisions of the Rossville Street Closing Policy and any other conditions imposed by the City as set forth on the attached Exhibit.

 Signature of Applicant

APPROVED:

 Lisa M Stum, City Clerk Date _____ Other Conditions apply, see attached

NOTE: APPLICATIONS ARE DUE 15 DAYS IN ADVANCE OF PROPOSED CLOSURE

** Original to City; Copy to Responsible Party**

