

**VILLAGE OF BROCKPORT
STREET CLOSURE REQUEST
APPLICATION**

Date of Application: _____

Date scheduled on Village Board agenda: _____

Note: Applicant must attend Village Board meeting.

ORGANIZATION: _____

PERSON(S) IN CHARGE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

DATE: _____

HOURS: _____

PURPOSE: _____

STREET(s) – specify if entire street or section of (attach a map also)

**IF APPROVED, APPLICANT AGREES TO ABIDE BY ANY
CONDITIONS SET FORTH BY VILLAGE OFFICIALS OR D.O.T.**

Note: Main Street closure requires process involving New York State Department of Transportation.

SIGNATURE OF APPLICANT