

City of Iowa Falls
APPLICATION – Street Closure



Entity / Individual: _____

City: _____ State: _____ Zip: _____

Primary Contact: _____ Date: _____

Phone: _____ Email: _____

Reason for street closure: _____

Please give a detailed description of the event and any items that will be placed in the street:

Date & Time of Event: _____

Number of City blocks to be closed: _____

Do you need the City of Iowa Falls to provide barricades? Yes No

Note – when requested, City of Iowa Falls will deliver barricades the day prior to the scheduled event.

Please attach a map or use space below to provide a general map of your event. Please make note placement of barricades.

NOTE: It is the responsibility of the applicant to notify all property owners, adjacent to the exterior limits of the requested closure. A list of said property owners, must be provided at time of application submittal.

Signature: _____ Date: _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Fee Amount: \$25