



REQUEST TO CLOSE CITY STREET CITY OF CANTON, SD

This application shall be completed and submitted to the Finance Officer's office one week prior to the meeting to be included on the meeting agenda. City Commission meetings are held the first and third Monday of each month. The application shall contain all applicable information relative to the nature and purpose of the event the street closing is requested for, if additional space is needed please attach additional sheets.

Organization Requesting _____

Contact Person _____ Phone _____

Contact Person Address _____

Event _____ Date(s) of Event _____

Street(s) Requesting to be closed (Please include map)

_____ from _____ to _____ & _____ from _____ to _____

Street Closing Times _____ to _____

If the street closing requested would affect other residents or business, have they been notified of the request? Yes No

Have arrangements been made for clean up after the event and other facilities? Please describe:

Is a certificate of insurance naming the City as additionally insured attached? Yes No

Please note: If approved the contact person will need to make arrangements with the Public Works Department for barricades to properly denote the street closing.

Signature of Applicant _____ Date _____

City Commission Approval _____ Date _____