

CITY OF WINCHESTER

STREET CLOSURE REQUEST FORM

Date Request Made: _____

The event organizer is responsible for communicating with each involved party.

Date of Event: _____

Start Time: _____

End Time: _____

Streets Involved: _____

Describe Route of Event if Applicable: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Mayor Approval _____ Date _____

☐ Police Chief Notified

☐ Street Department Notified

☐ Fire Chief Notified

☐ Impacted Businesses Notified

☐ Impacted Residents Notified