

City of Livingston Public Works Department

At least one signature must be obtained from an authorized adult for each separate residence or business place that adjoins the Street Closure area. In case of refusal to sign, or a vacant house, indicate the address and a brief explanation as to why a signature was not obtained for that address. Each and every address in the closure area must be listed.

We, the undersigned, have no objection to the closure of the location listed below on the date(s) and times listed.

LOCATION: _____/from _____/to _____
(Street to be closed) (Street) (Street)

NOTE: No permit may be issued for the closure of a street between the hours of 12:01am to 8:00am without the documented permission from the Public Works Director.

From/Date: _____ Time: from _____ a.m./p.m. To _____ a.m./p.m.

To/Date: _____ Time: from _____ a.m./p.m. To _____ a.m./p.m.

<i>Signature</i>	<i>Name/Printed</i>	<i>Address</i>	<i>Phone</i>	<i>List One Owner/Renter</i>

I, _____, do hereby verify that I have obtained all signatures necessary for the Street Closure Permit.
(if additional space is needed, please copy this form)