



## Special Event Road Closure Permit

If approved, the individual or group requesting the road closure must pick-up, check-out and return safety cones & signs at the Salem Street Department. Certain restrictions and parameters may apply.

Application Date: \_\_\_\_\_

Citizen/Requestor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street To Be Closed: \_\_\_\_\_

Between (Streets): \_\_\_\_\_ and \_\_\_\_\_

Date(s) To Be Closed: \_\_\_\_\_

Between (Hours): \_\_\_\_\_ and \_\_\_\_\_

Reason For Closure:  
\_\_\_\_\_  
\_\_\_\_\_

Approved By: \_\_\_\_\_  
City Manager's Office

On: \_\_\_\_\_  
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### For Office Use Only

The Following Departments Were Notified Via Email:

Salem City Manager's Office	_____
Salem Emergency Dispatch	_____
Salem Police Dept.	_____
Salem Fire & Ems Dept.	_____
Salem City Schools	_____
Salem Street Dept.	_____
Salem Communications Dept.	_____
Salem Parks And Rec. Dept.	_____
Valley Metro	_____

These Departments Were Notified By \_\_\_\_\_ Date: \_\_\_\_\_