REQUEST TO CLOSE STREET APPLICATION
MILLEDGEVILLE, GA

TO: City Manager
City of Milledgeville

The undersigned _____ herewith makes

application to the City of Milledgeville to close/block street (s) _____
_____

Within the corporate limits of the City of Milledgeville for the purpose of

_____

_____

The event will be conducted on (date) _____

Time: Beginning_____ Ending _____

There will be _____ people in attendance.

For **NON CITY FUNCTIONS** a fee for officers needed to close

roads will be assessed. The fee is $50.00 per hour, per officer with a minimum of four hours. The number of officers will depend on the amount of road closure.

Applicant _____

Address _____
_____

Telephone _____

Date _____

APPROVED ( ) DISAPPROVED ( )

_____ _____
Date

City Manager

_____ _____
Chief of Police Date

_____ _____
Director of Public Works Date