



Permit for the Closure of a Public Road

Street Name: _____ Cross Street: _____

Nature of Event: _____

Name of Contact Person(s): _____

Phone: _____

Address: _____

Email Address: _____

Date of Event: _____

Alternate Date: _____ No. # of Hours: _____ Starting Time: _____ Ending Time: _____

No. # of attendees: _____ # of Public Restrooms Provided: _____

***Any indoor or outdoor public event or gathering of more than twenty-five persons is subject to the regulations of Chapter 2: Article 20 – Public Event Recycling Ordinance**

Signature: _____

Date: _____

Town Use ONLY

Police Department Review

No. Officers Needed: _____ Cost: _____

Approved: Yes () No () Comments: _____

Police Chief

Date

Fire Department Review

Approved: Yes () No () Comments: _____

Fire Chief

Date

DPW Review

Approved: Yes () No () Comments: _____

DPW Director

Date

Granted _____

Board of Selectmen

