

City of Greencastle

City Hall
One North Locust Street, P.O. Box 607
Greencastle, Indiana 46135
Mikayla Johnson, Clerk-Treasurer,
765-848-1510

For assistance with this form call:
765-848-1510

SPECIAL EVENT STREET CLOSURE REQUEST

Note: Representation at the Common Council meeting where your request will be heard is required, unless waived by the Mayor or Clerk-Treasurer. The Clerk-Treasurer's office will provide you with the date and time of the meeting.

Sponsoring/Host Organization: _____

Contact Name: _____

Contact Telephone: _____ Contact E-Mail: _____

Date of Council meeting you plan to attend: _____

Name of the Event: _____

Location of the Event: _____

Date(s) of the Event: _____

Time(s) of the Event: _____
(Greencastle Ordinance No. 2009-7 requires a noise waiver for events between the hours of 10:00 pm and 8:00 am.)

Streets requested to be closed:	Start and end time times for the closure:
_____	_____
_____	_____
_____	_____

Prior to receiving final approval for the street closure, you may be required to meet with the City Attorney to sign a contract with hold harmless language and you will be required to provide a certificate of liability insurance. You may also be asked to contact the Police, Fire and Public Works Departments for any special requirements unique to your street closure request.

**Return completed form to Clerk-Treasurer's Office at above address or to
mjohnson@cityofgreencastle.com
no later than the Thursday prior to Common Council meeting.**

Greencastle Common Council

Approved: _____ Denied: _____ Stipulations by Common Council: _____

If required, Fire Dept. notified: _____ Police Dept. notified: _____ Dept. of Public Works notified: _____