

CITY OF IDAHO SPRINGS, COLORADO
STREET CLOSURE APPLICATION

Applicant: _____

Mailing Address: _____

Contact person: _____ **Daytime Phone** _____

Dates (s) and time (s) of requested street closure:

Date	Street	Time (indicate a.m. or p.m.)
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Describe requested closure locations, including street name, block, and cross street(s):
Draw closures on map provided.
