CITY OF DAVENPORT

STREET CLOSING PETITION FOR SPECIAL EVENTS

On the ____ day of _____, 20 ____ during the hours of _____ there is proposed a street closing, requested by _____, which will require the closing of _____ between _____ and _____.

***Please sign your name and print address below and indicate whether you are in favor of the street closure, opposed to the street closure, or not concerned (mark one).**

NAME AND ADDRESS	IN FAVOR	OPPOSED	NOT CONCERNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* If more space is needed, please use additional sheets.

* If you are unable to make contact with a resident/business, please indicate the date(s) and time(s) you attempted.

_____

Signature of Applicant Date

Office of the City Clerk
563-326-6163

226 West Fourth Street
Davenport, Iowa 52801

Email: Brian.Krup@davenportiowa.com