



**City of McCall**  
CITY CLERK

www.mccall.id.us

# PUBLIC EVENT STREET CLOSURE REQUEST FORM

216 East Park Street  
McCall, Idaho 83638

**Phone 208-634-7142**  
Fax 208-634-3038

## ORGANIZER(S) INFORMATION

Name of Organization: \_\_\_\_\_

Name of Event Planner: \_\_\_\_\_

Address of Event Planner: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person "on site: day of: \_\_\_\_\_

## EVENT INFORMATION

Event/Purpose of Street Closure: \_\_\_\_\_

Street(s) to be closed: \_\_\_\_\_

Between (Street Name): \_\_\_\_\_ And (Street Name): \_\_\_\_\_

### Date(s) and Time(s) during which the proposed streets would be closed:

On (day & date): \_\_\_\_\_ From (time): \_\_\_\_\_ To (time): \_\_\_\_\_

On (day & date): \_\_\_\_\_ From (time): \_\_\_\_\_ To (time): \_\_\_\_\_

Set-up (day & date): \_\_\_\_\_ From (time): \_\_\_\_\_ To (time): \_\_\_\_\_

Break down (day & date): \_\_\_\_\_ From (time): \_\_\_\_\_ To (time): \_\_\_\_\_

## STREET CLOSURE MAP

Diagram:

