



**CITY OF MINDEN TEMPORARY STREET CLOSURE APPLICATION**

P. O. Box 580, Minden, LA 71058-0580 - Attn: Adm. Asst.

(I) (we) hereby request consideration for closure of \_\_\_\_\_  
Street Address

between \_\_\_\_\_ and \_\_\_\_\_  
Street Name Street Name

for \_\_\_\_\_  
(description of event)

between the hours of \_\_\_\_\_ and \_\_\_\_\_ on (date) \_\_\_\_\_

*I have read and understand the Policy and Procedures for Temporary Street Closure and agree to abide by them and furnish proof of event insurance, if required.*

Signature: \_\_\_\_\_

Applicant information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

2<sup>nd</sup> Contact person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the City of Minden requiring event insurance?: \_\_\_\_\_ Yes \_\_\_\_\_ No

This application has been reviewed and approved or denied on: \_\_\_\_\_

By: \_\_\_\_\_  
Mayor

By: \_\_\_\_\_  
Police Department