



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: _____

2nd 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