



CITY OF CUBA CITY

108 N. MAIN STREET, CUBA CITY, WI 53807-1538
GRANT AND LAFAYETTE COUNTIES
PHONE: 608-744-2152 FAX: 608-744-2151
www.cubacity.org

STREET CLOSING APPLICATION

Name of Organization/Business/Individual Applying for Permit:

Responsible Person Contact Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Date(s) of street closing:

Time(s) of street closing

| | |
|-------|---|
| _____ | from _____ a.m. p.m. to _____ a.m. p.m. |
| _____ | from _____ a.m. p.m. to _____ a.m. p.m. |
| _____ | from _____ a.m. p.m. to _____ a.m. p.m. |
| _____ | from _____ a.m. p.m. to _____ a.m. p.m. |
| _____ | from _____ a.m. p.m. to _____ a.m. p.m. |
| _____ | from _____ a.m. p.m. to _____ a.m. p.m. |

Name of street(s) and description of area to be closed:

Purpose for street closing:

All street closings will require a 10' lane to be left open to allow emergency response vehicle access.

Signature _____ Date _____

OFFICE USE ONLY

Date Application Received: _____ Date Presented to Common Council: _____

Council action: Approved Denied (Circle One)