



Street Closure Permit

Dallas City Code Section 6.000

Official Use Only
File # _____
Date Rc'd _____

Applicant's Name

Complete Address

Phone

Date of Closure

Reason for Request

Please describe the location of the street(s) you are requesting to close

Time of closure From To

I have contacted everyone on my street within the proposed closure and there are no concerns. *Please submit a letter with signatures from each neighbor.*

I agree to provide immediate access to emergency vehicles if required.

I will only use barricades provided by the City of Dallas. *Someone from Public Works will contact you at the above phone number.*

Applicant's Signature

Date

Please return completed form to: **City Manager's Office**
187 SE Court Street
Dallas, OR 97338
503-831-3502
sam.kaufmann@dallasor.gov
[gov](http://dallasor.gov)

