



# **Street Closure Permit Application**

**Dallas City Code Section 6.000**

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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**  
[recorder@dallasor.gov](mailto:recorder@dallasor.gov)

