STREET CLOSURE - AFFECTED BUSINESS/RESIDENTS FORM

Description of Street Closure
Include start and end date/time

I, the undersigned business representative or resident, have read the above Street Closure Description. I understand that this closing may affect access to my place of business/residence. By signing below, I am acknowledging that I have no objections to the requested closing for the days, dates, and/or times being requested.

Business/Resident Name	Busines/Resident Address	Phone Number	Signature

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