



Temporary Traffic Alteration

Curb Loading and/or Unloading

Request Application & Permit Form

Location Affected: _____

Reason: _____

Duration of the Closure: _____
(Date & Times)

Responsible Person: _____

Email: _____ *(Name & Phone Numbers)*

The City of Fort Stockton reserves the right to change, alter or deny this request, or revoke permission for this request at any time as deemed necessary or vital by the Chief of Police, City Manger and/or the Public Works Director. NOTE: Due to safety concerns and upon approval of the City Manager, rerouting of traffic assoicated with any street closure will be under the sole authorization and control of the Chief of Police for the City of Fort Stockton or his designee.

By signing this document as the requestor, I acknowledge and agree to all conditions set forth by the City of Fort Stockton associated with this request. (City of Fort Stockton, Texas, Code of Ordnances Chapter 23, Traffic and Vehicles)

 Requestor – Please Print and Sign Date

Office Use Only

This request has been reviewed by the **Chief of Police**, or his designee, and it is hereby recommended that this request be:

[] Approved _____ Date: _____ [] Denied _____ Date: _____

Notes / Safety Precautions:

Having been reviewed by the Public Works Director upon recommendation by the Chief of Police, this request is hereby:

[] Approved _____ Date: _____ [] Denied _____ Date: _____

Request must be submitted 5 days prior to event date. No exceptions.