Appli	cation for Tempo	-	Lane Closures			
115 N. 3 rd S	t. ♦ Oregon, IL 610 Street Departm	FOregon, Illinois $61 \blacklozenge (815)732-6321$ hent Phone (815)732-64 ys for processing any c				
Date:		,				
Name of Applicant:						
			p Code:			
Phone:	Emergency Pho	one:Fax	K:			
Additional Contact:		Phone:				
Address of Closure:						
	Completion Date:					
Proposed Hours:	Duration:					
2. \$100.00 Check all that apply Street Type: 2-Lan	y:	ti Lane Rai	sed Median Island			
			Intersection			
			Shoulder Adjacent			
	Daytime Lane Closure _	Overnig	ht Lane Closure			
Direction: North			West			
Hours Requested:	Start Time:	End Time: _				
Is This a Mass Gatl	nering Event? Yes	N)			
			0			
FOR OFFICIAL U						
Traffic Control Plan	Required? Yes _	No				
Advance Notification	n Signs Required? Yes _	No				
Comments/Condition	ns:					
Approved by Chief of	of Police:	Date	:			
Approved by Public	Works Director:	Da	te:			

Business Block Event Acknowledgment Form

All affected businesses on the block being closed off must sign an acknowledgement of the proposed event, certifying that they have been made aware of the temporary closure of the street. The signatures must be originals (no copies).

will be blocked off from ______ to _____ on _____ (Day, Date(s))

Business Name	Business Address	Printed Name	Phone Number	Signature
	1		1	

Residential Block Event Acknowledgment Form

At least 75% of the households on the block being closed off must sign an acknowledgment of the proposed event, certifying that they have been made aware of the temporary closure of the street. The signatures must be originals (no copies).

By signing below, I acknow	wledge that					
	<i>c</i>	(Description of str	eet(s)/j	parking to be closed)	
will be blocked off from		to		on		
-	(Start Time)		(End Time)		(Day, Date(s))	

Name of Owner	Address	Printed Name	Phone Number	Signature