



CITY OF BAY CITY
 1901 FIFTH STREET
 BAY CITY, TEXAS 77414
 (979) 245-2137
 FAX: (979) 323-1626

STREET CLOSURE REQUEST FORM

Complete Submissions Required:

Any item to be considered for action by the Mayor must be presented on this form, along with any unprivileged documentation and must be filed and complete to have an item considered. Before being considered filed, a summary of the item and any and all supporting documentation must be submitted before the request is considered to be complete. Request forms must be completed and received by the City Secretary's office at least two weeks prior to date of the anticipated event. There is a \$25 application fee.

Pursuant to Sections 94-203 and 6-18 of the City of Bay City's Code of Ordinances, a denied request may be appealed to the City Council.

Requestor: _____
PRINTED NAME and/or CITY DEPARTMENT

Date Submitted: _____

Citizen

City Department

Council Member

Address: _____

Preferred contact: Cell _____
 Work phone _____
 E-mail _____
 Fax _____

Type of Request: Road Closure

Parade

1) Describe reason for request: _____

2) Date(s) of Event: _____

3) Time Event Begin: _____

4) Time Event End: _____

5) Location of Event: _____

6) Streets/Intersections to be closed: _____

ADMIN / OFFICIAL USE ONLY:

Staff Recommendation on the requested item:

Police Department Yes No Na _____ Staff Initial
Public Works Yes No Na _____ Staff Initial

Staff Comments: _____

TRACKING:

Administratively Complete: _____ **_____ Staff Initial**

Approved

Denied

Date of Requestor Notified: _____ **_____ Staff Initial**

Type of Notification: Letter: _____ (date mailed)
 Phone: _____ (date)