



CITY OF DEVILS LAKE

REQUEST TO BLOCK OFF A CITY RIGHT-OF-WAY

Name of person/firm making request

hereby requests permission to block off a City street/avenue/alley

on _____ St/Ave between _____ St/Ave and _____ St/Ave

from _____ am/pm on _____, 20____

to _____ am/pm on _____, 20____

for the purpose of _____

Applicant signature

Approval signature

Date

Date

Copy to: Police Chief
Fire Chief
City Auditor
Public Works Director
Public Ways Supervisor
Street Commissioner
Devils Lake Ambulance
File