

REQUEST TO CLOSE A CAMP HILL BOROUGH STREET FROM THROUGH TRAFFIC

PLEASE COMPLETE AND SUBMIT FORM AT LEAST TWO (2) WEEKS PRIOR TO YOUR EVENT

REQUESTED BY: _____

ADDRESS: _____

PHONE NUMBER: _____

REASON FOR REQUEST: _____

STREET(S): _____

DATE OF CLOSING: _____

TIME OF CLOSING: _____

OTHER PERTINENT INFORMATION: _____

IF REQUESTING BARRICADES, PLEASE PROVIDE AN ADDRESS FOR DELIVERY:

SIGNATURE OF BOROUGH OFFICIAL

**PLEASE ATTACH A LIST OF SIGNATURES FROM ALL RESIDENTS IN SUPPORT OF THIS
CLOSING WHOSE PROPERTY, PARKING OR GARAGE WILL BE AFFECTED.**

I UNDERSTAND THAT (STREET) _____ WILL BE CLOSED
 ON (DATE) _____ FROM (TIME) _____ UNTIL (TIME) _____

_____ AND, I AM IN AGREEMENT WITH THIS DECISION.

NAME (PLEASE PRINT)	ADDRESS	PHONE	SIGNATURE

USE REVERSE IF NECESSARY, OR ATTACH MORE SHEETS.