

**PARADE AND STREET CLOSURE
APPLICATION**

Date: _____

Applicant (Organization): _____

Contact Person: _____

Mailing Address: _____

Contact Phone Number: _____

Contact Email: _____

Event: _____

Date of Event/Street Closure: _____

Beginning Time: _____ Ending Time: _____

Description of Street Closure (please include a diagram or map):

Applicant's Signature: _____ Date: _____

This permit is issued and approved under the following conditions:

1. Any traffic control and workplace signage are responsibilities of the applicant.
2. The applicant must make sure all necessary precautions are taken to ensure the safety of the local residents and workers on site.

3. It is understood that it is the applicant's responsibilities to advise all emergency agencies (RCMP, EHS, Fire Department, Kings Transit and School Bus Garage) of any street closures.

_____ **Traffic Authority for the Town of Middleton:** _____

Date: _____

Application Valid Until: (Date & Time) _____