



TOWN OF MORRISON

Road Closure Application

Date Filed: _____

Date Issued: _____

Name of Applicant: _____

Address: _____

Responsible Person for the Road Closure: _____

Phone: _____

ROAD CLOSURE DATE (S):

Time (Start to Finish)	Closure Date	Location of Road Closure

Describe the reason or activity for the purpose of the road closure:

Applicant Signature Date

FOR OFFICE USE:

Police Department:	Approved:	Not Approved	Comments:

Police Chief, Town of Morrison Date

Town Clerk:	Approved:	Not Approved:	Comments:

Town Clerk Date