

Town of  
*Chesterton*  
INDIANA

Street Department

**STREET CLOSING REQUEST**

(Please complete the following 10 days prior to the requested closing date)

1. Name, Address, and Phone/Organization requesting road closing.

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

2. Reason for road closing. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Date of closing \_\_\_\_\_

4. Length of time road would be closed. Start time \_\_\_\_\_ End time \_\_\_\_\_

5. Have residents effected by road closing been notified? \_\_\_\_\_

6. Road or roads to be closed (Be specific as to the location or attach map.)

\_\_\_\_\_

.....  
To be completed by staff

Approved / Disapproved

Date \_\_\_\_\_

Remarks or conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Street Commissioner