



SPECIAL EVENT ROAD CLOSURE APPLICATION FORM

Date of Application: _____

Applicant Name: _____ Primary Phone #: _____

Email Address: _____ Secondary Phone #: _____

Mailing Address: _____

Purpose of Road Closure: _____

Roads to be Closed: _____

Attach detailed map

Date(s) of Road Closure: _____

Time(s) of Road Closure: _____

Copy of Public Liability Damage Insurance Certificate Enclosed?

YES

NO

=====
I/We hereby undertake and agree to at all times, save harmless and indemnify and keep Woodstock indemnified against and be responsible for all claims, demands, actions, suits or other legal proceedings by whomsoever made or brought against the Woodstock in respect of any loss, damage or injury to any person or property arising directly or indirectly out of or as a result of Woodstock issuing this permit or the use of any of the Town's streets.

The Applicant agrees that they have familiarized themselves with the Special Events Street Closure Policy and agrees to comply with all of the conditions.

Applicant Signature: _____

Office Use Only

Temporary Road Closure Permit Approval

This permit application is approved, meeting all requirements.

This permit application is approved with the following conditions:

This permit application is not approved based on the following:

CAO Signature: _____

Copy sent to: ___ WPF ___ WFD ___ RCMP ___ ANB ___ DTI