

TOWN OF NORTH MANCHESTER

REQUEST FOR TEMPORARY CLOSURE OF ALLEYWAY

1. Person Requesting Closure: _____
2. Dates to be closed: _____
3. Hours/Time of day to be closed: _____
4. Street or alley to be closed: _____
5. Description of block or location of street of alley to be closed: _____

6. Type of Event: _____

NOTE: Alley may not be closed for more than three consecutive days per request. Only one (1) closure per request may be submitted on this form.

The Town of North Manchester Assumes NO Liability by issuing this permit

| | | |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|

This request is: ☐ Approved ☐ Denied

| | | |
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| Signature | Print Name | Date |
|-----------|------------|------|

Copies of approved requests to be provided to Town Marshall, Fire Chief, Superintendent of Streets, Clerk Treasurer and Requesting Party