

CITY OF FLINT

SPECIAL EVENTS / STREET CLOSINGS APPLICATION

Name of Event: _____

Sponsoring Organization / Address: _____

Date: _____ Time (Starts and Ends): _____

Location of Event / Route: _____

Contact Person: _____ Phone: _____

Address: _____

2nd Contact Person: _____ Phone: _____

Event Description: _____

City Service's Requested: _____

Additional Information: _____

If concessions or fund raising activities are part of your event, please check with the City Clerk's Office, 810-766-7416, regarding licensing or permits.

Please return this form with a check or money order for a \$25.00 non-refundable processing fee to:

*City of Flint
1101 S. Saginaw Street
Flint, MI 48502*

Attach additional forms or information if necessary.

REQUEST FOR CITIZEN SPECIAL EVENTS

We, the undersigned citizens, respectfully petition the Mayor of the City of Flint to close

(Street Name): _____; between (street name) _____

And (street name) _____; on (date of event) _____;

From (time of event) _____ to (time ending) _____.

For (Organization or name of event) _____.

RESPECTFULLY SUBMITTED,

Name	Signature	Address	Phone

Contact Person: _____ Phone: _____