



REQUEST FOR TEMPORARY STREET CLOSURE

City of Baker City
P.O. Box 650
Baker City, OR 97814-0650
541-524-2014 Voice/TDD
541-524-2023 FAX

APPLICANT INFORMATION

Applicant Name: _____ Group Name: _____

Address: _____ Telephone #: _____

STREET INFORMATION

Street Name: _____ Specific Address or Block#: _____

Lanes to be Closed: All lanes **both** directions All lanes **one** direction, **specify direction:** _____

Other: _____ State Highway (will need ODOT release form)

Will the street be passable for regular traffic? Yes No Specific hours only _____

Will the street be passable for emergency vehicles? Yes No Specific hours only _____

Activity/Reason for Street Closure: (attach map or additional sheets if necessary): _____

FROM Date: _____ Time: _____ **TO** Date: _____ Time: _____

PARADE FEE AND CRITERIA (IN LIEU OF THE \$150 PERMIT)

1. Parade organizers must schedule to have a meeting with the Police Sergeant at a minimum of three weeks prior to the event.
2. Parade organizers must bring all parade related paperwork, properly filled out, to the meeting with the Police Sergeant, including proof of liability insurance and ODOT approval (if needed).
3. Parade organizers are responsible for proper barricade placement per the barricade placement plan, (will be provided after the meeting with the Police Sergeant).
4. A designated coordinator must be provided along with contact information at the meeting with the Police Sergeant. **Name:** _____ **Contact Phone #** (day of event): _____
5. Parade organizers are responsible for taking all barricades down and placing them where they were found at the conclusion of the parade.
6. Parade organizers are responsible for removal of any debris left from the parade.

The Applicant and Group agree, if this request is granted by the City, to comply with requirements for the provision of trash receptacles, barricades, traffic control and security officers, portable toilets, etc. The Applicant and the Group also agree to hold harmless, indemnify and defend the City, its officers and employees from and against all claims for personal injury or property damage that arise in connection with the street closure requested. The applicant verifies that he/she has authority to execute this document on behalf of the group.

Signature of Applicant: _____

Date: _____

FOR CITY USE ONLY

Requirements: Barricades Trash Receptacles Traffic Control/Security Officers ODOT Release
 Sound Amplification Clean-up (if clean up is not done property applicant may be fined)

DEPARTMENT REVIEW AND ROUTING

1. Police Department _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	2. Fire Dept. _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	3. Public Works _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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Comments: _____

City Manager Approval: _____
Name Signature Date

Please return to the Baker City Police Department administrative staff.

After reviewed by the City Departments, copies of this application will be distributed to: Police Department, Applicant, and the Public Works Street Department.