

**SCHEDULE IV: TEMPORARY ROAD CLOSURES – TOWN OF MORINVILLE**

**APPLICATION FOR TEMPORARY ROAD CLOSURE**

Application Date			
Name of Organization / Event			
Requesting Agency / Organizer			
Contact Person			
Title			
Contact Number		Cell Number	
Email Address		Fax Number	
Mailing Address			
<b>For Urgent Communication During Event</b>			
On site (day of) contact person			
Cell number of contact person			
The above noted organization requests the use of			
		Street / Ave (Name and Number)	
Between		and	
	(landmark)		(landmark)
Dates for event:			
Times for event:	From		

**Description of Proposed Special Event:**

The following information may be provided on separate sheets and attached to this application form:

- Describe the event and outline its purpose and/or scope.
- Describe the capabilities and the age range of participants.
- Provide a traffic accommodation strategy for the event.
- Provide details on traffic control person/devices, expected size of crowd/spectators, animal involvement and their experience in traffic if relevant, number of escort vehicles, etc.

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We here-by apply for this temporary road closure in accordance with the particulars, plan, and traffic accommodation strategy submitted herewith. I/we understand that a submission of this form constitutes an application only and the event may not commence until approval is issued. I/we understand that the Town of Morinville assumes no responsibility for whatever may occur during or as a result of the event.

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Print Name of Applicant                      Signature of Applicant                      Date

<b>Internal Use Only</b>	
Approval:    Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approval Authority:	
Print Name	Signature
Contact Number:	