



**City of Ripon**  
100 Jackson Street, Ripon, WI 54971  
(920)748-4916

## **STREET CLOSURE REQUEST**

DATE: \_\_\_\_\_

FEE: \$20.00

APPLICANT'S NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF STREET CLOSURE: \_\_\_\_\_

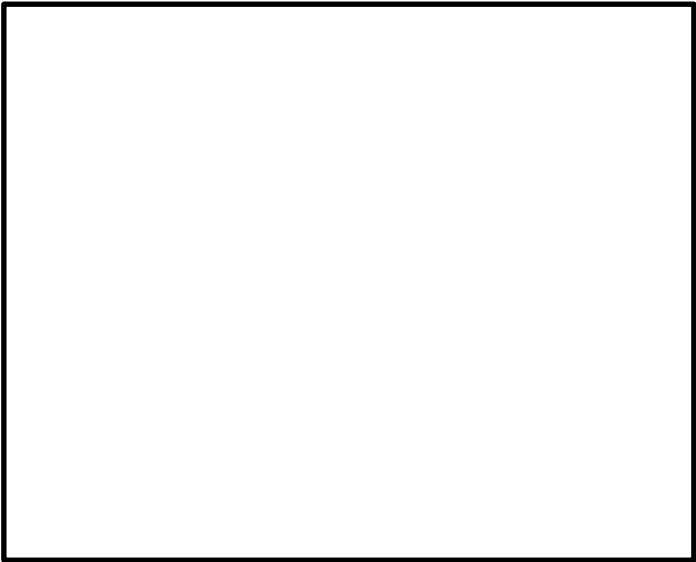
TIME OF STREET CLOSURE: \_\_\_\_\_

STREET CLOSURE DESCRIPTION (CLOSED STREETS, EVENT DETAILS, MAP, ETC.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF BARRICADES REQUESTED: \_\_\_\_\_

NUMBER OF TRASH CANS REQUESTED: \_\_\_\_\_

The applicant agrees to indemnify the City of Ripon against all actions, claims and damages whatsoever that may result from the street closure, and is responsible for any damage to any public property that occurs because of the street closure.



(SITE PLAN)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**Office Use Only**

Permit Number: \_\_\_\_\_ Approved \_\_\_\_\_  
City Administrator

Hold Harmless Agreement on File \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) Copy Given to: Police Dept. \_\_\_\_\_  
Public Works \_\_\_\_\_

Certificate of Liability Insurance on File \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)