



Special Event Road Closure Permit

If approved, the individual or group requesting the road closure must pick-up, check-out and return safety cones & signs at the Salem Street Department.

Certain restrictions and parameters may apply.

Application Date: _____

Citizen/Requestor: _____

Contact Person: _____

Phone Number: _____

Street To Be Closed: _____

Between (Streets): _____ and _____

Date(s) To Be Closed: _____

Between (Hours): _____ and _____

Reason For Closure: _____

Approved By: _____

City Manager's Office

On: _____

For Office Use Only

The Following Departments Were Notified Via Email:

Salem City Manager's Office	_____
Salem Emergency Dispatch	_____
Salem Police Dept.	_____
Salem Fire & Ems Dept.	_____
Salem City Schools	_____
Salem Street Dept.	_____
Salem Communications Dept.	_____
Salem Parks And Rec. Dept.	_____
Valley Metro	_____

These Departments Were Notified By _____ Date: _____