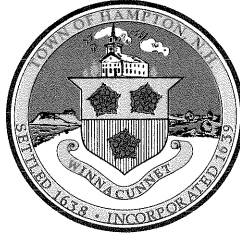


# Town of Hampton



## Street Closure Permit

Street Name: \_\_\_\_\_ Cross Street: \_\_\_\_\_

Name of Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Alternate Date: \_\_\_\_\_ No. # of attendees: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ No. # of Hours: \_\_\_\_\_

Event request for Street Closure: \_\_\_\_\_

\_\_\_\_\_

\*Any indoor or outdoor public event or gathering of more than twenty-five persons is subject to the regulations of Chapter 2: Article 20 – Public Event Recycling Ordinance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Police Department Use ONLY

No. Officers Needed: \_\_\_\_\_ Cost: \_\_\_\_\_

Approved: Yes (  ) No (  )

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

Street Closure Permit granted this day. \_\_\_\_\_ of \_\_\_\_\_

Board of Selectmen:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_