

White Copy: Clerks

CITY OF GILLETTE APPLICATION FOR A STREET CLOSURE PERMIT

NAME OF APPLICANT:	inahilit Divis	ion (miletar Food)
ADDRESS: ZOI E 5 H	St Gillette	wy 82717
ADDRESS: ZOI E 5th St Gillette, Wy 82717 PHONE NUMBER: 307 - 686 - 5228		
DESCRIBE AREA TO BE CLOSED. PLEASE ATTACH A MAP OF CITY STREETS TO BE CLOSED		
College DR.		
DESCRIBE THE PURPOSE OF THE STREET CLOSURE		
RECYCLING Dotreach	- MAHVESS DI	O O
STAGING AREA - CO, DOES THE EVENT INCLUDE ALCO	nmund Clean	
ODES THE EVENT INCLUDE ALCO	OHOL?	NO
DATE OF CLOSURE: $9/2/13$ T	IME OF CLOSURE // O	am/pm toam/pm
SPECIAL CONSIDERATIONS: THE APPLICANT IS REQUIRED TO CONTACT ALL PERSONS OR BUSINESSES AFFECTED BY THE PROPOSED STREET CLOSURE AND A SIGNED NOTIFICATION SHEET MUST BE ATTACHED TO THE APPLICATION		
Signature of Applicant C-M.	Fut	Date 8/8/13
REVIEW COMMENTS		
Police Department		
Signature http://		Date 8-8-13
Public Works (Contact the Street Division at 686-5278 to make arrangements for barricades)		
Signature ////		Date 5-6-13
City Clerk		
Signature		_Date
City Council Action	Approved	Denied

Yellow Copy: Police Department

Pink Copy: Customer

