



City of Marshall
Temporary Street Closing
Application

Application Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone: (Day) _____ (Evening) _____

Organization Name: _____

Event/Purpose: _____

Street to be Closed: (Example: Archer Ave. from 7th to 5th)

Date & Time: (Example: January 1, 2004 from 9 AM to Noon)

Additional Information:

Applicant's Signature _____ Date _____

Note: Please submit the original signed application to the Office Manager at City Hall, 201 S. Michigan Ave., PO Box 298, Marshall, IL. 62441. E-mail or fax applications will not be accepted. If you have any questions, please contact the Office Manager at (217) 826-8084.

For City Use Only

Application Received By: _____ Date _____

Application Approved Date _____

Application Denial Date _____