



Public Works Department
 Physical Address: 435 S. Highland
 Mailing Address: 116 W Center St.
 Madison, SD 57042

Phone: 605-256-7515
 www.cityofmadisonsd.com

Application for Street/Alley Closure

Classification: Parade: _____ Community Event: _____ Other: _____

Todays Date: _____ Name and Address of Person Requesting Closure: _____ _____ Email Address: _____ Phone Number: _____
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CLOSURE INFORMATION

Proof of Insurance (Insurance Certificate) must be submitted with this application. All information must be submitted, at least, two weeks prior to the requested closure.

Date of Closure: _____
Time of Closure: Begin: _____ AM PM End: _____ AM PM
Location of Closure: _____
Reason for Closure: _____

Signature(s) of adjoining property owners (attached additional sheets if needed)
 ** Not Required for Large Annual Events **

Address	Print Name	Signature

Please provide a drawing/sketch of closure area