

APPLICATION NO.: _____

DATE RECEIVED: _____

APPLICATION FOR APPROVAL OF STREET CLOSING

DIANA L. QUAST
TOWN CLERK
TOWN OF YORKTOWN
363 Underhill Avenue
Yorktown Heights, NY 10598

1. Name(s) and Address(es) of Person(s) seeking to conduct such use:

2. If use is proposed to be conducted for, on behalf of, or by an Organization, list the Name, Address, and Telephone Number of the headquarters of the Organization and the authorized and responsible heads of such Organization:

3. Name, Address and Telephone Number of the person who will be the Chairperson and who will be responsible for conduct:

4. The date and time when the use is to be conducted:

Rain Date: _____ (If original date needs to be cancelled, please contact the Yorktown Police Dept. (962-4141) and leave a message with the Town Clerk's Office (9962-5722, ext. 209).

5. The area of the road affected: _____

6. A list of properties affected with a map showing all properties that would have access limited by the permit:

Please submit this application with all necessary data filled in and attachments to the Town Clerk, 363 Underhill Avenue, Yorktown Heights, NY 10598.

DATE:

To Robert Noble, Police Chief

From: Diana L. Quast
Town Clerk

Re: Street Closing Application_____

As usual, the approval of this application will be based upon your recommendation.