

Permits & Inspections Department

(936) 372-3880 x116 permits@wallertexas.com

STREET CLOSURE REQUEST

Name of Organization and of Person Ma	king Reque	est:		
Phone Number of Person Making Reques	st:			
Contact Number: (for day of event)				
Name of Street: (indicate street intersection	ns, or dista	nce from intersections	being reque	ested for closing)
Date of the Event:		Email:		
Event Starting Time:		Event Ending Time:		
Purpose of the Event:				
Additional Information:				
I understand and agree that only the cones or barrio vehicles or objects of any kind that woul *VEHICLES BLOCKING THE ROADWA	d keep neighb	oors or emergency vehicles for	rom having im	mediate access to the area.
Applicant Signature:	Date:			
	OF	FICE USE ONLY		
Comments:				
Approvals		Signature		Date
Director of Public Works:				
Mayor:				
Chief of Police:				
City Secretary:				
	Work Ord	er Date:		
	Date Applicant Notified:			