



City of Warsaw Road Closure Request Form

All road closure requests must be submitted no later than one month prior to event date.

Organization Name _____ Date Submitted _____

Contact Person Name* _____ Phone _____ Email _____

**The Contact Person named on this form is responsible for notifying Dispatch when roads are closed/reopened at (574) 372-9511*

Event Name _____

Event/Closure Date(s) _____ Rain Date (if applicable) _____

Event Start Time _____ Event End Time _____

Road Closure Start Time: _____ Road Reopen Time: _____

Is this event open to the general public? Yes No Other _____

Are you charging admission to this event? Yes (Cost per person \$ _____) No Other _____

Is any part of this event for-profit? Yes No Other _____

Which roads will be closed? Please indicate which blocks of each street will be closed (i.e. Buffalo Street between Market Street and Main Street) and attach a sketch or diagram of the requested closure area:

Do you have insurance coverage for this event? Yes No

If YES, please attach documentation or a letter from your insurance provider indicating coverage.

Prior to submission, you must contact each business directly impacted by this closure to make them aware of your request and address any concerns. Date completed: _____

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Please submit this form to the City of Warsaw Mayor's Office by email (syoun@warsaw.in.gov) or by Drop-off/Mail to City of Warsaw Mayor's Office (2nd Floor), 102 South Buffalo Street, Warsaw, IN 46580

For Internal Use Only

Date Received _____ Emergency Services Approved _____

Downtown Coordinator Approved _____ BOW Approved _____