



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.

Has Main Street approved your event? Yes No

*To get approval from Main Street Warsaw: Contact Nora Christiansen at (574)267-6311 or nora@kchamber.com
523 S Buffalo St Warsaw, IN 46580*

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 (wolson@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 _____