

CITY OF HURLEY



APPLICATION FOR STREET USE PERMIT

(APPLICANT MUST COMPLETE ENTIRE FORM)

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Organization Name: _____

Person Responsible: _____

Person Responsible Phone: _____

Date of Street Closure: _____

Duration of Street Closure: _____

Description of Street to be Closed: _____

Reason for Street Closure: _____

Date Approved by Council: _____