

Application for Street Closure Permit



To the Clerk of the Village of Fremont, County of Waupaca:

The undersigned herek	y applies for a permit	to close street(s) for	the term of
(date) fi	rom: to :	(times) at the fol	llowing location:
Name of Business / Spa	ace:		1
Location of Closure:			Fremont, WI 54940
Proposed Detour Rout	e:		s
Reason for Requested	Closure/Detour:		
street(s) prior to the every lf traffic control provided Police and must be schould be cleared and other arrangements has **Application must be filed	ed by the police depart eduled 45 days prior to open for travel each nig ive been previously app d with the Village Clerk at lo	vithin 1 hour after the ement is needed, plead bevent. **Note: At lead ght for the duration proved by the Village east 2 business days bef	e event? Yes No ase call the Waupaca County east one lane of roadway of the closure/detour, unless
Applicant Name:			
Address:			Fremont, WI 54940
Phone:	Email:		
Signature:		Da	te:
The applicant agrees to regulations and penalti	comply with and be bo	ound by all the laws,	ordinances, rules,
Annuary d (Village Dussi		Use Only	Data
Approved (Village Presi	aent):		Date:
Copy of permit to:	Sheriffs Dept	Fire Dept.	Applicant