## Street/Parking Lot Closure Notification Signature Form

## To the City of Hood River

This form must be completed and returned to the City Recorder 30 DAYS prior to event

The undersigned, being all the occupants of businesses/residences having access on the street(s) and/or parking lot considered for closure, hereby consent to closure of the following street(s) and/or parking lot or have been notified.

Street(s) of Closure:
Parking Lot of Closure:
Date(s) of Closure:
Hours to be Closed:

nours to be closed.		
Print Name		
or Name of Business	Signature (business owner or manager)	/ Phone or Email