



200 N. Lake Street
 Cadillac MI 49601
 Phone (231) 775-0181
www.cadillac-mi.net

Today's Date 5/15/2023

City Received Date

MUST BE OFFICIALLY CITY DATE STAMP

Street & Parking Lot Closure Request Form

Please fill out a separate form for each date

Reason for Request "Testing for Tacos" event. (HIV testing inside DHD10 mobile unit)

Contact Person Lacey Morris

Contact Phone [REDACTED] Contact Email [REDACTED]

Date: <u> </u> / <u> </u> / <u> </u>	Street Closures	
Street Name _____	Beginning Location _____	Ending Location _____
	Beginning Time <u> </u> : <u> </u> AM/PM	Ending Time <u> </u> : <u> </u> AM/PM
Street Name _____	Beginning Location _____	Ending Location _____
	Beginning Time <u> </u> : <u> </u> AM/PM	Ending Time <u> </u> : <u> </u> AM/PM
Street Name _____	Beginning Location _____	Ending Location _____
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Street Name _____	Beginning Location _____	Ending Location _____
	Beginning Time <u> </u> : <u> </u> AM/PM	Ending Time <u> </u> : <u> </u> AM/PM

Date <u>6</u> / <u>27</u> / <u>2023</u>	Parking Lot Closures	
Lot Location <u>Shay Locomotive parking spaces</u>	Street <u>Cass</u>	Nearest Cross Street _____
	Beginning Time <u>10:00</u> AM/PM	Ending Time <u>2:00</u> AM/PM
Lot Location _____	Street _____	Nearest Cross Street _____
	Beginning Time <u> </u> : <u> </u> AM/PM	Ending Time <u> </u> : <u> </u> AM/PM
Lot Location _____	Street _____	Nearest Cross Street _____
	Beginning Time <u> </u> : <u> </u> AM/PM	Ending Time <u> </u> : <u> </u> AM/PM

Form must be mailed or delivered to the above address or emailed to: javila@cadillac-mi.net *(No Faxes accepted)*
 I understand and agree to these requirements & understand if these are not met the request will be denied.

Print Name _____ Signature Lacey Morris Date 5 / 15 / 2023

Request will be reviewed & you will be notified if additional information is needed and/or if request is approved or denied.

For Office Use Only

Streets _____	Date Approved _____	Comments _____
Parks _____	Date Approved _____	Comments _____
Fire _____	Date Approved _____	Comments _____
Police _____	Date Approved _____	Comments _____
City Manager _____	Date Approved _____	Comments _____
City Council _____	Date Approved _____	Comments _____