

**Barricade Fees Collected:**

Deposit \$ \_\_\_\_\_  
(to be returned upon inspection)

City delivery/pick up fee \$ \_\_\_\_\_

**Office Use Only  
Place initials below**

\_\_\_\_ Police Chief Approval  
\_\_\_\_ Fire Chief Approval  
\_\_\_\_ Public Works Director Approval  
\_\_\_\_ City Clerk Approval

**CITY OF WAUPUN**

**BLOCK PARTY REQUEST \* STREET CLOSING**

Requestor Name \_\_\_\_\_

Full Address: \_\_\_\_\_ City,ST Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Date(s) of Closure:**

From \_\_\_\_\_ To \_\_\_\_\_

**Street to be Closed:**

\_\_\_\_\_, between \_\_\_\_\_ and \_\_\_\_\_  
(street name) (intersection) (intersection)

Expected number attendees: \_\_\_\_\_

Have all residents, impacted by the street closure, been notified of this request.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If not, who was not contacted and why not?

\_\_\_\_\_

**Barricades**

Number of barricades requested \_\_\_\_\_ \$10 each (*deposit-to be returned upon inspection of returned barricades*)

**City Delivery Fee:**

Requestor pick up/return: No fee

City delivery/pick up:

1-5 barricades \$25.00

Each after 5 \$5.00 (6 / 605 100-46-4643-000)