

## **BOROUGH OF CLEARFIELD**

6 SOUTH FRONT STREET CLEARFIELD, PA 16830 office@clearfieldpa.us

PHONE (814) 765-7817

FAX (814) 765-2374



## PARADE/WALK PERMIT, ROAD CLOSING REQUEST

DATE OF EVENT/TIME	ORGANIZATION	ADDRESS
CONTACT PERSON	PHONE NUMBER	PURPOSE OF EVENT
CONTACT TERSON	THORE NOTIBER	TORTOGE OF EVERY
IT IS THE RESPONSIBILITY	OF THE ORGAIZATION TO P	ROVIDE THE FOLLOWING:
<ul> <li>Note: Failure to</li> <li>This will be det</li> <li>PENNDOT APPROVAL (</li> <li>Note: It is your</li> <li>DETAILED MAP OF RO</li> </ul>	ONTROL (Attach Clearfield on have adequate traffic contemporary termined by the Clearfield (IF STATE ROADS ARE INVOICE responsibility to provide	e barricades for road closing.
	ARE RESPONSIBLE FOR T	
	<u>ASH MUST BE REMOVED V</u> DN. IF TRASH IS NOT REM	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
	=	A SPECIAL TRASH PICKUP.
THE ABOVE DOCUMENTS ME BE FILED 30 DAYS PRIOR TO		REQUEST. ALL REQUESTS MUST
REVIEWED BY:		
DATE FILED	SIGNATURE OF PERSON M	AKING REQUEST
DATE APPROVED BY COUNC	IL PRESIDENT OF	COUNCIL

COPY TO: MAYOR

POLICE CHIEF FIRE CHIEF

CAPTAIN OF FIRE POLICE