



IOLA POLICE DEPARTMENT

JARED WARNER

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Chief of Police

STREET CLOSURE/SPECIAL EVENT REQUEST FORM

Requestor

Name/Organization: _____

Address: _____

Phone Number: _____

Home: _____

Cell: _____

Office: _____

Event Type: _____

Location: _____

Street Address: From: _____ To: _____

Intersection: _____

Lane/Street: _____ One Lane _____ Two Lanes _____ Partial Street _____ Street

Date of Closure: From: _____ To: _____

Time of Closure: From: _____ To: _____

Barricades Needed: _____ Yes _____ No

Cones Needed: _____ Yes _____ No

The Requestor is responsible for notification of the Iola Fire Department in regards to approved Street Closure/Special Events.

Iola Police Department requires this request form to be completed and submitted for review four (4) days prior to the requested event.

Approved: _____

Denied: _____

Chief of Police