



**City of Harrisburg
Street Department**

301 E Willow St. Harrisburg, SD 57032
Phone: 743-5872 x12 Fax: 743-2831

**TEMPORARY
STREET
CLOSURE
REQUEST**

Applicant name: _____ Date: _____

Applicant home address: _____

Applicant mailing address: _____
(If different than home address.)

Applicant e-mail address: _____ Phone: _____

Street to be closed: _____

Date and duration of closure: _____

Reason for closure: _____

I hereby certify that the above information is accurate and correct. I agree to abide by the City's requirements for temporary street closure. I also agree to contact the Lincoln County Sheriff's Department and the Harrisburg Community Volunteer Fire Department to inform them of this event.

Applicant's signature

Submit request to the City Finance Officer.

FOR CITY USE ONLY

Date received: _____ Date of City Council Review: _____

Closure approved by City Council? Yes No