

City of Decorah

**REPORT OF INTENTION AND REQUEST TO BLOCK
A PUBLIC STREET OR DRIVE**

Date(s) of Closure:

Beginning _____, 20 _____

Ending _____, 20 _____

Time of Closure:

From _____ a.m. To _____ a.m.

_____ p.m. _____ p.m.

Street To Be Closed: _____

Between or Connecting _____ With _____

Reason For Closing: _____

Firm Name: _____

Ordered By: _____

Notification should be provided immediately when the street is again open to traffic if earlier than the time specified above. If an extension of time is needed, an amended report should be filed accordingly with City Hall at (563) 382-3651.

Applicant's Signature: _____

[To Be Completed By City of Decorah]

Date Filed: _____, 20 _____

Notifications Provided To: _____ Hospital/Emergency Room
Fax (563) 387-3045

_____ Police Department
Fax (563) 382-2042

_____ Fire Department
Fax (563) 382-3660

_____ Street Department