



TEMPORARY STREET CLOSURE / STREET ACTIVITY APPLICATION

FOR OFFICIAL USE ONLY
DO NOT WRITE IN THIS SPACE

| | |
|---------------------|-------------------|
| EVENT: | DISTRIBUTED TO: |
| DATE: | RCMP |
| AREA: | TRAFFIC AUTHORITY |
| APPROVED: YES NO | |

Applicant: _____

Position: _____

Organization: _____

Telephone / Fax #: _____

Date of Event: _____

Beginning Time: _____

Ending Time: _____

Detailed Route From Street to Street:

Do you have insurance for the event? YES NO

Applicant(s) Signature

Date

Local Traffic Authority

Date

Application Valid Until: _____

Street Closure Required? YES NO