PERMIT NO.				

CITY OF LAWNDALE STREET CLOSURE PERMIT APPLICATION

PLEASE PRINT The undersigned hereby requests a permit to conduct the following business in the City of Lawndale

SPONSORIN	NG ORGANIZATION OR INDIVIDUAL
NAME:	TEL#
ADDRESS	
MANAGEMENT ORGANIZA	ATION OR INDIVIDUAL (IF DIFFERENT FROM ABOVE)
NAME:	TEL#
ADDRESS	
AC	TIVITY OR SPECIAL EVENT
NAME:	
PURPOSE:	
DESCRIPTION:	
LOCATION (LIST THE E	XACT STREETS, BLOCKS AND PROVIDE A MAP)
WILL BE NECESSARY TO CL	OSE ALLEYS? IF YES, WHICH?
WILL IT BE NECESSARY TO	MODIFY OR RE-TIME ANY TRAFFIC SIGNALS?
WILL IT BE NECESSARY TO	CLOSE DEAD END STREETS?
IF YES WHICH ONES?	

INDEMNIFICATION AGREEMENT: The applicant shall indemnify, defend, protect and hold harmless the City, its officers and employees from and against any and all claims, loss, proceedings damages, causes of action, liability, cost or expense (including attorney fees) arising from or in connection with or caused by (1) any act, omission or negligence of the applicant, or its respective contractors, licensees, agents servants or employees, wheresoever the same may occur or (II) any use of the street or work to be conducted thereon which is granted by this permit, or any accident, injury, death or damages to any person or property occurring in, on or about said street or any part thereof, excluding such claims, loss, proceedings, damages, causes of victim, liability, cost or expense arising from or in connection with, or caused by, City's active negligence or willful misconduct.

AGREEMENT:

I, _____, have read the City of Lawndale's policy statement relating to temporary street closure for a special event. I understand the rules and procedures, and

hereby acknowledge my	responsibility to sure compliance of	f the event, its staff, and any
subcontractors.		
Signature	Title	Date
(St	reet Closure Permit Application Cor	ntinued)

Department	Auth.Signature	Approved Yes/No	Fees/ Deposits
Police			
Public Work			
Fire			
Community services			
Community Development			