

STREET CLOSING PERMIT

CITY OF FORT MEADE

521 N.W. 4th Street
 Fort Meade, FL 33841
 www.cityoffortmeade.com

(863) 285-1100
 Fax: (863)285-1124

Date _____	
Organization _____	Phone _____
Person Making Request _____	
Address _____	Phone _____
Purpose _____	
Requirements _____	
Street Closing required YES____ NO ____	
Dates to be Used _____	Time _____
_____	Time _____

I hereby certify that the above information is true and correct. In addition, I agree to comply with all rules, regulations and ordinances governing this application as contained in the effective ordinances, orders, laws and acts of the City of Fort Meade. I further agree to be bound by any special conditions, restrictions and regulations as may be imposed by the City Manager.

Please return this completed form to the Street Department, 521 N.W. 4th Street.

_____	_____
Applicant's Signature	Date

ACTION TAKEN:

<input type="checkbox"/> Permit Denied <input type="checkbox"/> Permit Approved	_____	_____
	Date	Permit Number
_____ City Manager	Restrictions or requirements: 	