CITY OF REDONDO BEACH
DEPARTMENT OF ENGINEERING & BUILDING SERVICES
STREET CLOSURE PETITION

PERMITTEE
NAME:
STREET ADDRESS:
CITY / STATE / ZIP:
PHONE:

PERMIT NO.

EVENT	
DATE:	TIME:
TYPE:	
PURPOSE:	
LOCATION:	

I, THE UNDERSIGNED, HEREBY GRANT CONSENT TO THE ABOVE PERMITTEE, TO HOLD THE EVENT DESCRIBED ABOVE, WHICH INCLUDES THE TEMPORARY CLOSURE OF THE PUBLIC STREET ADJACENT TO MY RESIDENCE.

	NAME	ADDRESS	SIGNATURE
1			
2			
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