



**TEMPORARY STREET CLOSURE APPLICATION
WITHIN THE CITY LIMITS OF THE
CITY OF HEREFORD, TEXAS**

Date: _____

Circle one : Commercial / Non-profit (include tax ID number) / Private

Tax ID for non-profit: _____

Applicant Organization: _____

Name of Representative: _____

Telephone Number: _____

Address: _____

Email Address: _____

Driver's License Number and State: _____

Activities to be Conducted (**Please include flyer of event**): _____

Street Closure Address: _____

Date of Closure: _____

Time of Closure: From _____ To _____

APPROVED / DENIED:

Date: _____

By: _____

Fee Paid Yes / No

Private/Commercial - \$45.00

Non Profit - Free