ROAD CLOSURE REQUEST FORM

Email completed form to the Borough Manager at manager@mtnlakes.org or submit to 400 Boulevard, Mountain Lakes, NJ 07046

	Applicant Information
Full Name:	
	Last First
Address:	
	Street Address
	City State Zip
Email Address	ss Cellphone:
	Event Information
Street to Be C	Closed:
	Streets (from) (to)
_	
Date of Event	t Start Time End Time
Number of A	ttendees
	Block Party Guidelines
•	Streets must remain passable for emergency vehicles. All residents/businesses in the barricaded area must be notified.
•	Property owners requiring driveway access must not be denied.
•	Applications must be submitted at least 7 days in advance.
•	Barricades will be dropped off by the Department of Public Works.
•	It is your responsibility to provide lighting for barricades. Lighting is not
•	provided by the Borough. This approval pertains only to traffic issues. It does not grant any other
-	permission whatsoever regarding noise, tents, alcohol, etc.
Signature of	Applicant
Signature of A	Applicant
REVIEWED B	Office Use Only BY:
Chief of Police	
APPROVED F	BY:

_____ DATE: ____

Borough Manager __