

TOWN OF NEW MILFORD
MAYOR'S OFFICE
10 MAIN STREET
NEW MILFORD, CT 06776
PHONE # 860-355-6010
FAX # 860-355-6002

PERMIT # _____
ISSUE DATE: _____

REVIEWED BY: _____

**Application for
TOWN ROAD CLOSURE
ALL APPLICATIONS TO BE PRINTED**

The undersigned owner or authorized agent hereby applies for permission to close a town owned road in accordance with the Laws & Ordinance of the Town of New Milford

Request to Close (Road Name(s)): _____

Event Date(s): _____ **Rain Date(s):** _____

Requested Hours for Road Closure: _____

Name of the Event: _____

If Town Green: Check all that apply
_____ Southern Crossover over Main Street
_____ Northern Crossover over Main Street

Other Requirements:
_____ CERTIFICATE OF INSURANCE
_____ Barricades
_____ Police Side Duty
_____ Road Signage

Name of Applicant: _____

Organization if applicable: _____

Mailing Address: _____

*******REQUEST CHECKLIST*******

Certificate of Insurance to the Town of New Milford: _____

Park & Rec Permit Approval Date: _____

Traffic Authority Approval Date: _____

(NOTE: This Commission meets every 4th Tuesday each month)

Police Chief Approval Signature & Date: _____

Side Duty Officer(s) Required: _____

Request to Mayor for Town Council Submission Date: _____

Town Council Approval Date: _____