City of TUSCALOOSA
ARTS & ENTERTAINMENT

Special Event/Temporary Road Closure Acknowledgment and Agreement of Affected Residents / Businesses

All events or temporary road closures applicants are required to obtain consent from any residents or businesses adjacent to the closure or event limits.

Name of Applicant: _____

Address: _____

Phone: _____ Email: _____

Event Name: _____ Event Date: _____

Event Description: _____

Start Time: _____ End Time: _____

Detailed description of the applicant's request: _____

_____

_____

_____

I, the undersigned, have been informed of the applicant's intention to temporarily close a portion of the road and/or right of way that serves my property on the date/time above and give my consent and agreement to the closure.

Manager's Name	Organization / Residence	Phone Number	Email Address	Date	Signature

SEP# _____

Manager's Name	Organization / Residence	Phone Number & Email	Address	Date	Signature