Willard Police Department
Street Closure / Parade Permit

Event Name: _____

Event Date: _____

Number of Participants: _____ **Vehicles:** _____

Starting Time: _____ **Ending Time:** _____

* Please mark start and end locations on map. Also include location of participant assembly.

Map is provided on the back of this form.

Describe event in detail. Include description of event purpose and proposed activities:

_____

_____

_____

My event will require traffic control devices: Yes ☐ No ☐

Describe devices required and location:

_____

_____

_____

My event requires police support to direct traffic and / or provide crowd control: Yes ☐ No ☐

Applicant Name: _____

Contact Number: _____ **Approved By:** _____

Signature: _____ **Date:** _____

For Internal Use Only

Department dropping off traffic devices: _____ Pickup: _____

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