CITY OF PALMER 231 W. EVERGREEN AVENUE **PALMER, AK 99645**

PHONE: 907-745-3400 FAX: 907-745-3203

ROAD CLOSURE PERMIT 7004

	Permit No:
Reason for road closure:	
Road to be closed:	
From: Date	a.m. / p.m. Time
	a m /n m
Date	a.m. / p.m. Time
Are drawings attached? □yes □no	
By signing below the Permittee agrees to the fo	ollowing:
protect the public from any dangers	a at all times. or other remedies as required by the City of Palmer to sor hazards that may result from the road closure. any and all claims, damages and judgments that may
Permittee:	
Signature:	Date:
Organization name:	Contact person:
Contact phone #:	Fax #:
Mailing address:	_
Email address:	_
Approved by:	
City of Palmer Fire Department:	Date:
City of Palmer Police Department:	Date:
Matanuska-Susitna School District:	Date:
,	□no
City of Palmer Public Works Director or designed	e Date