



THE CITY OF HERINGTON

P.O. Box 31 • 17 North Broadway • Herington, KS 67449

Telephone: (785) 258-2271

FAX: (785) 258-3552

STREET CLOSURE REQUEST

City Ordinance 1640 Chapter 6 Article 5 Section 518

*Requests must be returned and on Commission Agenda before
Meetings which are held the 1st and 3rd Tuesdays of each month*

Applicant Name _____

Address _____

Contact Phone Number _____

I would like permission to close _____ Street

between _____ Streets on the day of _____

from _____ AM/PM to _____ AM/PM for the purpose of:

I would also like for the City of Herington to provide equipment for the street closure
in accordance with MUTCD guidelines.

Applicant Signature

Today's Date

Notification List

Police Chief's Signature/Date _____

Fire Department Employee Signature/Date _____

Ambulance Service Signature/Date _____

Director/Asst Director of Public Works Signature/Date _____

Neighbors and/or Business Owner Signatures who will be affected by and agree to
this closure. Check if Done ☐

City Manager _____ **Date** _____

The applicant agrees to hold the City of Herington harmless in the event of an
accident or incident. *See attached from the City Ordinance Book.

