



CITY OF ELY

501 Mill Street Ely, Nevada 89301
City Hall (775) 289-2430
Cityofelynv.gov

STREET CLOSURE APPROVAL FORM

Name of person(s) or organization(s) requesting street closure:

Mailing address: _____

Phone number: _____

Location of Street Closure:

Reason for the requested street closure:

****You must provide proof of your own traffic control plan. Traffic control plans must include signage to warn traffic the road is open for emergency vehicle thru traffic IF there is no other accessible roadway.**

****Evidence of insurance OR participant waivers; waiver forms can be obtained from the City of Ely.**

For Office Use Only

_____ Traffic Plan included _____ Evidence of insurance **OR** Participant waivers

Request Approved: Yes No

Mayor's signature: _____

Notification letter sent to requesting person or organization on: _____