

Copy to: Applicant
Sheriffs Dept.- 326-9211
Fire Dept - 326-8860.
Street Dept.
NAT - (928) 768-4515
Baker Ambulance - 326-4588

Date _____

**CITY OF NEEDLES
STREET CLOSURE APPLICATION**

**THIS APPLICATION MUST BE SUBMITTED AT LEAST FIFTEEN DAYS
PRIOR TO THE REQUESTED USE DATE.**

THE _____ REQUESTS THAT PERMISSION BE GRANTED FOR
(Name of Organization)
STREET CLOSURE TO BE CONDUCTED ON _____, 20____.
PURPOSE OF USE: _____

NUMBER OF PARTICIPANTS: _____ WHICH STREET WOULD YOU LIKE TO
USE: _____ BETWEEN _____ AND _____
DATE(S) OF REQUESTED USE: _____
HOURS OF REQUESTED USE: _____ A.M./P.M. TO: _____ A.M./P.M.
CONTACT PERSON: _____ PHONE: _____
ALTERNATE CONTACT PERSON: _____ PHONE: _____

*****PLEASE SEE BACK OF THIS PERMIT FOR REQUIRED
INDEMNIFICATION ACKNOWLEDGEMENT --SIGNATURE REQUIRED*****

**NOTICE: ANY OCCURRENCE WHICH CONSTITUTES A DISTURBANCE
CAN RESULT IN THE REVOCATION OF THIS PERMIT, BASED UPON
DETERMINATION BY EITHER THE CITY MANAGER OR SHERIFF'S
DEPARTMENT. CONTACT THE SHERIFF'S DEPARTMENT FOR
ARRANGEMENTS FOR CROWD CONTROL, IF NEEDED. (760) 326-9200.**

APPLICANT'S SIGNATURE: _____ DATE: _____
.....
CITY USE ONLY:

PERMIT: APPROVED _____ DENIED _____

APPROVED BY: _____ DATE: _____
(Sheriff's Dept.)

PURSUANT TO SECTION 13-5 OF THE NEEDLES CITY CODE, PERMISSION IS HEREBY GRANTED
BY THE CITY MANAGER:

APPROVED BY: _____ DATE: _____
(City Manager)

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*** * * INDEMNIFICATION * * ***

_____ **shall indemnify**

(Name of Organization or Group)

and save harmless the City of Needles, its officers, agents, and employees (hereafter collectively referred to as “City”) against any and all damages to property or injuries to or death of any person or persons, including property and officers, agents and employees of the City, and shall defend, indemnify and save harmless the City from any and all claims, demands, suits, actions or proceedings of any kind or nature including workers’ compensation claims, of or by anyone in any way resulting from or arising out of the operations in connection with this permit, including operations of contractors and subcontractors and acts or omissions of employees or agents of applicant or his/her contractors and subcontractors.

SIGNATURE OF RESPONSIBLE PERSON _____

TITLE: _____

DATE: _____

NOTE: Applicant **MUST** submit a vicinity map indicating the Streets and locations for closure.