

APPLICATION

TEMPORARY STREET BARRICADE PERMIT

Location: _____

Date of Event: _____

Time: _____

Request: _____

Purpose: _____

Requested by: **Name** _____
Organization _____
Address _____

Phone _____
Email _____

Date requested: _____

Approval: _____
Chief of Police

Approval: _____
Fire Chief

Approval: _____
Mayor

Mail, fax or email completed form to: Mayor's Office
City of Decatur
P.O. Box 488
Decatur, AL 35602

Fax: 256-341-4504

Email: sahood@decatur-al.gov