

**REQUEST FOR TEMPORARY STREET CLOSING
FOR SPECIAL RECREATIONAL USE EVENT**

Date of Application: _____
Applicant / Organization Name: _____
Contact Name: _____
Phone: _____ Email Address: _____
Mailing Address: _____

Requested Street Location to be Closed: _____
Date and Time Street Closing Requested: _____
Intended Use: _____

Additional Information:

1. Please contact the Williston district NDDOT office at 701 774-2700 for information regarding if this street closure is, or affects, a federal aid route.
If federal aid route, has NDDOT approval been obtained? _____ Yes _____ N/A
 - If yes, attach the NDDOT Agreement for Temporary Highway Closure form.
2. Traffic control plan developed and approved by Public Works Director and Chief of Police, including (a) installing and removing barricades, (b) re-routing traffic, (c) traffic control people, and (d) any other relevant traffic control considerations
 - Attach a copy of the traffic control plan/map.
3. Cleanup plan: _____

INDEMNIFICATION AGREEMENT

I understand that the above applicant will be responsible for any losses incurred as a result of the above request, Applicant agrees to indemnify, save, and hold harmless the City of Williston, its agencies, officers, and employees, from any and all claims of any nature, including costs, expenses, and attorney's fees, which may in any manner result from or arise out of this agreement. Applicant also agrees to indemnify, save, and hold the City of Williston harmless from all costs, expenses, and attorney's fees incurred in establishing and litigating the indemnification coverage provided herein.

I HAVE READ AND AGREE TO THESE CONDITIONS.

Printed Name: _____ Position: _____
Signature: _____ Date: _____

Note: The City of Williston is allowing use of its property at no charge for the recreational purposes set forth above.

REVIEW / APPROVED:

Public Works Director	President, City Commission
Chief of Police	Fire Chief