



City of Davison

200 E. FLINT STREET, SUITE 2
DAVISON, MICHIGAN 48423-1246

TELEPHONE (810) 653-2191
FAX (810) 653-9621

STREET CLOSING APPLICATION

Name of Organization: _____

Address: _____ City, State, Zip: _____

Phone: _____

Contact Person(s): _____

Activity: _____

Date(s) of Activity: _____

Time(s) of Activity: _____

Street(s) or Area to be Closed: _____

I agree that it will be the responsibility of the above organization to notify the City of Davison merchants and residents that will be affected by the closing, at least two weeks in advance, so that there will be sufficient time to be presented to City Council for final approval. If notification is not made, the area will not be closed.

Name and Title

Date:

Approved by the Davison City Council on _____

Mayor Tim Bishop

