



# DBIA CITY SQUARE CLOSURE Request for Service

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**EVENT INFORMATION:**

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Date(s) of Event:	Event Name:
Closure Start Time:	End Time:
Description of Event:	
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**Location:** (please circle all that apply)

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City Square

Lois Lane

Parking Area

Craig Street

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**DBIA CONTACT PERSON:**

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Name:	Phone:
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**SERVICE(S) REQUESTED:**

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<input type="checkbox"/> Placing of Bollards for Closure	<input type="checkbox"/> Extra Garbage Receptacles	Number: _____
<input type="checkbox"/> Removal of Bollards for Opening	<input type="checkbox"/> Extra Recycling Receptacles	Number: _____
<input type="checkbox"/> Access to Water	<input type="checkbox"/> Barricades	Number: _____
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		

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**SIGNATURE: (DBIA Representative)**

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**Date:**

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**OFFICE USE ONLY:**

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**Notes:**

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**Date Approved:****Approved:** (Director of PW or Operations Manager Signature)

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