

**City of Medford  
Temporary Street Closing  
Application**

Fee: None

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Event/Purpose: \_\_\_\_\_

Street to be Closed: (Example: Main Street from Broadway Avenue to Division Street)

\_\_\_\_\_

Date & Time: (Example: January 1, 2002 from 9 AM to Noon)

\_\_\_\_\_

Additional Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Please submit the original signed application to the City Clerk, 639 South Second Street, Medford, WI 54451. E-mail applications will not be accepted. If you have any questions, please contact the City Clerk at (715)748-4321.