



317 MAIN STREET P.O. BOX 449 SMITHVILLE, TEXAS 78957
(512) 237-3282
FAX (512) 237-4549

STREET CLOSURE NOTIFICATION AND SIGNOFF REQUEST

The City of Smithville, TX requires that all business / property owners whose property is adjacent to the location of street closure be notified and provided with a map of the area that indicates all obstructions to be placed in the closure area. The notification must indicate (by signature) whether the property owner / resident approves or disapproves of the proposed street closure area.

Reason for Closure Requested: _____

For additional information concerning the closure at this location, please contact:

(Contact Name)

(Phone Number)

The Street Closure is scheduled for the following dates and times:

Name of street(s) to be closed or partially closed:

Business Owner / Property Owner / Resident:

Please fill out this section completely as this information is used by the City of Smithville to determine whether or not the activities indicated above will be approved or denied.

RESIDENCE or BUSINESS

APPROVE DISAPPROVE

RECEIVED MAP: YES NO

(Print Name)

(Signature)

(Print Address)

(Phone Number)

City of Smithville received on (date): _____ approved by _____

