

Town of Mooresville
Street Closing Permit

Organization: _____

Name: _____

Contact Person: _____

Address _____

Phone Number: _____

Requested Date: _____ Time: _____

Purpose for Closing: _____

Date: _____

Applicant

Date: _____

Mooresville Street Department
Superintendent

Comments: _____

Date: _____
Mooreville Police Department

Comments: _____

Date: _____
Mooreville Fire Department

Comments: _____

APPROVED this _____ day of _____, 20____

MOORESVILLE TOWN COUNCIL

Board

Board

Board

Board

Board

Attest:

Clerk-Treasurer

NOTE: review requirement under Fair Labor Standards Act on 2 exempt employees

Check the police and fire department of each and the ability to receive overtime

Significant Event Notification

MOORESVILLE FIRE DEPARTMENT
(317) 834-4336 (317) 831-5354

Event: _____

Date of Event: _____

Time Frame of Event _____

Responsible Person: _____

Work TX # _____ Extension: _____ Home Tx # _____

Cell TX # _____ E-Mail: _____

On-Site Security ☐ Yes ☐ No

On-Site Fire Watch ☐ Yes ☐ No

On-Site EMS ☐ Yes ☐ No

Location of Event: _____

Area in Building for activity to take place. (Exact) _____

Special Needs or Remarks: _____

Submitted by: _____ Date: _____
(Printed Name)

Signature: _____

Information
Forwarded to:

☐ Mooresville
Police

☐ Brown Twp.
Fire Dept.

☐ Street

☐ _____
(Other)

☐ Morgan Co.
Sheriff

☐ Town
Hall

☐ _____
(Other)

☐ _____
(Other)