

**LOWER TOWNSHIP  
Request to Close Street**

Complete the top part of this form and return to:

Lower Township Manager  
2600 Bayshore Road  
Villas, NJ 08251

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Street to be Closed: \_\_\_\_\_

Distance of Closure: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Closure:  Block Party  Holiday Celebration

Date of Closure: \_\_\_\_\_

Time of Closure: From \_\_\_\_\_ to \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY**

Manager's Approval \_\_\_\_\_ Date \_\_\_\_\_

When completed forward to Lower Township Police Department

Chief of Police or Designee Authorization \_\_\_\_\_ Date \_\_\_\_\_

After Chief's approval forward to Lower Township Road Department (FAX 884-7578) and return one (1) copy to applicant and one (1) copy to the Public Works Department.

**TO: Lower Township Road Department**  
*Place barricades and road closed signs prior to road closure date at the following locations:*

\_\_\_\_\_  
*Special instructions: If road closure is for more than 48 hours erect signs on designated streets specifying dates and times of closure.*