

**Charlotte Department of Transportation
Public Service & Communications Division
600 E. Fourth Street
Charlotte, NC 28202**

BLOCK CLOSING PETITION

Plan your activity in advance. Street closings require a completed petition at least four weeks prior to the event.

Date of Closing: _____ Hours: _____

Rain date: _____ Hours: _____

Street: _____

From: _____ To: _____
(Cross Street) (Cross Street)

Type of Event and Activities: _____

Petition Filing Date: _____

Petitioners' Street Closing Agent: _____
(Please Print)

Address and Zip Code: _____

Daytime Phone Number: _____

E-Mail Address: _____

TO BE READ BEFORE SIGNING PETITION: Before signing this petition, I have read a copy of the "requirements for Approval of Street Closing Petition and Conditions Which Apply Upon Acceptance of Petition", I understand that all the requirements and conditions in that document are incorporated by reference into this petition. My signature constitutes my personal approval, acceptance, authorization, liability, and compliance with all those requirements and conditions.

Signature: _____

Address: _____

Fax the form and petition to CDOT at 704-336-4400 or mail to CDOT.