



ROAD CLOSURE PERMIT/SPECIAL EVENT PERMIT

APPLICANT

Name: _____

Address: _____

Town: _____

Postal Code: _____

Phone: _____

Email: _____

ORGANIZATION

Name: _____

Address: _____

Town: _____

Postal Code: _____

Phone: _____

NAME OF EVENT: _____ **TYPE OF EVENT:** (bike, run, parade, etc.) _____

DATE OF EVENT: _____ **TIME OF EVENT:** _____

LOCATION/ROUTE OF EVENT ON TOWNSHIP ROAD(S): please include map outlining route

TEMPORARY ROAD CLOSURE REQUIRED: Yes: ____ No: ____

PROVIDE/SUBMIT:

- A certificate of Liability Insurance in the amount of \$2,000,000.00 naming the Township of Centre Wellington as additional insured
- An attached letter from the Wellington County OPP acknowledging the event

Initial _____

Initial _____

The above organization accepts full responsibility for any suits, actions or damages that may arise or be taken against the Corporation of the Township of Centre Wellington by reasons of or in connection with this event. The above organization also accepts full responsibility for traffic control, crowd control, barricades, safety precautions, and clean up associated with the event.

I have authority to sign this form which commits the above mentioned organization to the above terms and conditions.

Applicant (Print)

Applicant (Signature)

Date of Application

FOR OFFICE USE ONLY:

FIRE DEPARTMENT NOTIFICATION: Yes: ____ No: ____

AMBULANCE NOTIFICATION: Yes: ____ No: ____

PERMISSION is hereby granted subject to description of event/route/date specified on this form and subject to the applicant's acceptance of the terms and conditions signed for above.

Date of Issue

Superintendent of Public Works