



Signature Form for Notification of Temporary Right-of-Way Use

Name of the business and vendor operating in public right-of-way:

Mailing address of the business:

Contact person's name, phone number and email:

Brief description of proposed operation, including location and dates/hours of operation:

By signing below, we, the abutting property owner/residents and/or business representatives affected by the proposed closure acknowledge notification of the temporary right of use.

Name of Business/Property Owner and Contact Person, Address, Preferred Contact (phone/email)	Signature

Attach additional page(s) as necessary