

TOWN OF NEW MILFORD
MAYOR'S OFFICE
10 MAIN STREET, NEW MILFORD, CT 06776
PHONE # 860-355-6010, FAX # 860-355-6002

PERMIT # _____

Traffic Authority meets the 4th Tuesday of the month. Please send your application in a timely manner so the Traffic Authority at one of their meetings can review it before you need the road closure.

All applicants must fill out this form completely and email it to all parties below:

The New Milford Traffic Authority c/o stephanieb622@sbcglobal.net

The New Milford Police Dept c/o cgautrau@newmilfordpolice.org

The Mayor's Office c/o Pat Hembrook pembrook@newmilford.org

New Milford Ambulance c/o Donna Hespe donnahespe@charter.net

**Application for
TOWN ROAD CLOSURE**

The undersigned owner or authorized agent hereby applies for permission to close a town owned road in accordance with the Laws & Ordinance of the Town of New Milford

Request to Close (Road Name(s)): _____

Event Date(s): _____ Rain Date(s): _____

Requested Hours for Road Closure: _____

Name of the Event: _____

If Town Green: Check all that apply
_____ Southern Crossover over Main Street
_____ Northern Crossover over Main Street

Other Requirements:
_____ CERTIFICATE OF INSURANCE
_____ Barricades
_____ Police Side Duty
_____ Road Signage

Name of Applicant: _____

Organization if applicable: _____

Mailing Address: _____

*******REQUEST CHECKLIST*******

Certificate of Insurance to the Town of New Milford: _____

Park & Rec Permit Signature & Approval Date: _____

Traffic Authority Signature & Approval Date: _____

(NOTE: This Commission meets every 4th Tuesday each month)

Police Chief Signature & Approval Date: _____

Side Duty Officer(s) Required: _____

New Milford Ambulance Signature & Approval Date: _____

Town Council Approval Date: _____