

Copy to: Applicant  
Sheriffs Dept.- 326-9211  
Fire Dept - 326-8860.  
Street Dept.  
NAT - (928) 768-4515  
Baker Ambulance - 326-4588

Date \_\_\_\_\_

**CITY OF NEEDLES  
STREET CLOSURE APPLICATION**

**THIS APPLICATION MUST BE SUBMITTED AT LEAST FIFTEEN DAYS  
PRIOR TO THE REQUESTED USE DATE.**

THE \_\_\_\_\_ REQUESTS THAT PERMISSION BE GRANTED FOR  
(Name of Organization)  
STREET CLOSURE TO BE CONDUCTED ON \_\_\_\_\_, 20\_\_\_\_.  
PURPOSE OF USE: \_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_ WHICH STREET WOULD YOU LIKE TO  
USE: \_\_\_\_\_ BETWEEN \_\_\_\_\_ AND \_\_\_\_\_  
DATE(S) OF REQUESTED USE: \_\_\_\_\_  
HOURS OF REQUESTED USE: \_\_\_\_\_ A.M./P.M. TO: \_\_\_\_\_ A.M./P.M.  
CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ALTERNATE CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\*\*PLEASE SEE BACK OF THIS PERMIT FOR REQUIRED  
INDEMNIFICATION ACKNOWLEDGEMENT --SIGNATURE REQUIRED\*\*\***

**NOTICE: ANY OCCURRENCE WHICH CONSTITUTES A DISTURBANCE  
CAN RESULT IN THE REVOCATION OF THIS PERMIT, BASED UPON  
DETERMINATION BY EITHER THE CITY MANAGER OR SHERIFF'S  
DEPARTMENT. CONTACT THE SHERIFF'S DEPARTMENT FOR  
ARRANGEMENTS FOR CROWD CONTROL, IF NEEDED. (760) 326-9200.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
.....  
CITY USE ONLY:

PERMIT: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Sheriff's Dept.)

PURSUANT TO SECTION 13-5 OF THE NEEDLES CITY CODE, PERMISSION IS HEREBY GRANTED  
BY THE CITY MANAGER:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(City Manager)

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**\* \* \* INDEMNIFICATION \* \* \***

\_\_\_\_\_ **shall indemnify**

(Name of Organization or Group)

**and save harmless the City of Needles, its officers, agents, and employees (hereafter collectively referred to as “City”) against any and all damages to property or injuries to or death of any person or persons, including property and officers, agents and employees of the City, and shall defend, indemnify and save harmless the City from any and all claims, demands, suits, actions or proceedings of any kind or nature including workers’ compensation claims, of or by anyone in any way resulting from or arising out of the operations in connection with this permit, including operations of contractors and subcontractors and acts or omissions of employees or agents of applicant or his/her contractors and subcontractors.**

**SIGNATURE OF RESPONSIBLE PERSON** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

NOTE: Applicant **MUST** submit a vicinity map indicating the Streets and locations for closure.