

**Burlington Police Department
Request for Special Events Permit**

1. Name of Applicant: _____

Address of Applicant: _____

Applicant Telephone Number: Home: (____) _____

Email: _____

2. Date and time event will begin? _____

3. Date and time event will end? _____

4. Exact location of event (Detailed Road Closure Request):

5. Are there any **bus stops** within the requested closure area? _____

PLEASE NOTE BURLINGTON POLICE DEPARTMENT DOES NOT SUPPLY ANY ROAD CLOSURE BARRICADES OR SIGNAGE – THAT IS THE RESPONSIBILITY OF THE REQUESTOR.

Signature of Applicant (or Authorized Agent)

Date

Note: Please mail or drop off this completed and signed application to:

**Sarah Trieb
Burlington Police Department
1 North Avenue
Burlington, Vermont 05401
802-540-2246
strieb@bpdvt.org**