

City of Huron Request Form

Application Date: _____

Please Check the Appropriate Box(s):

<input type="checkbox"/> Street Closing (indicate streets below)	<input type="checkbox"/> Block Parking Spaces (indicate area below)
<input type="checkbox"/> Horse & Buggy Transportation (indicate route below)	<input type="checkbox"/> Other:
<input type="checkbox"/> Noise Permit – Indicate Type of Noise: _____	_____ _____ (Explain in Detail Below)

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Event Date: _____

Time & Duration: _____

Explain Planned Activity, Route, Street Closing, or Block Parking Spaces: _____
 (List Streets/Area or attach map)

Return Completed Form To:

Huron Police Department
 239 Wisconsin Ave SW
 PO Box 1369
 Huron, SD 57350

Phone: 605-353-8550
 Fax: 605-353-8554

CITY PERSONNEL USE ONLY	
City Commissioner:	Date:
Police Chief:	Date:
Special Conditions:	
<input type="checkbox"/> Applicant	<input type="checkbox"/> Street Dept
<input type="checkbox"/> Police Dept	<input type="checkbox"/> Traffic Dept
<input type="checkbox"/> Fire Dept	<input type="checkbox"/> Other
Date:	Employee Int: