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VILLAGE OF WAUSAUKEE

APPLICATION FOR STREET USE PERMIT

NAME: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

PURPOSE OF STREET CLOSING: _____

DATE OF STREET CLOSING: _____

TIME: _____ TO _____

ACCURATE DESCRIPTION OF PORTION OF STREET TO BE CLOSED: _____

APPROXIMATE NUMBER OF PERSONS ATTENDING EVENT: _____

SIGNATURE OF RESPONSIBLE INDIVIDUAL

DATE

DATE APPROVED BY VILLAGE BOARD

