CITY OF SAN MARCOS
Request for Precession Escort or Temporary Street Closure

Applicant Information

Applicant Name: _____

Group Name: _____

Address: _____

_____

Telephone #: _____

Street Closure Information

Request Type: ◯Escort ◯Street Closure

Street Name: _____

Specific Address or Block #: _____

Number of Lanes to be Closed:

◯All Lanes Both Directions

◯All Lanes One Direction

Specify Direction: _____

◯One Lane

Specify Direction: _____

◯Other _____

Will the street be passable for regular traffic?

◯ Yes ◯ No ◯ Specific Hours Only _____

Will the street be passable for emergency vehicles?

◯Yes ◯No ◯Specific Hours Only _____

Reason for Street Closure: _____

From Date: _____ Time: _____

To Date: _____ Time: _____

Agreement information

If this request is granted by the City, the Applicant/ Group agrees to comply with requirements for the provision of trash receptacles, barricades, traffic control and security officers, portable toilets, or other supplies (if necessary). The Applicant and the Group also agree to hold harmless, indemnify and defend the City, its officers and employees from and against all claims for personal injury or property damage that arise in connection with the street closure requested. The Applicant verifies that he/ she has authority to execute this document on behalf of the Group.

Procession escorts require police personnel and fully marked and equipped patrol vehicles. Number of officer required is determined by the extra duty coordinator. Hourly rate and total rate is set by extra duty coordinator. The Applicant/Group agrees to pay all fees for officers. Call 512-753-2122 for information.

Applicant/Group must provide a map of the area of the requested closure or escort. A hand drawn map will be accepted if it includes all related intersections and streets. Escorts are reviewed to comply with city ordinance, state law, and City of San Marcos planned traffic study and parade route for any procession escort.

Please sign below stating that you have read and agree to the terms listed above.

_____

Signature   Date

FOR CITY USE ONLY

If temporary street closure is approved, the applicant is required to provide the following:

◯Barricades ◯Portable Toilets ◯Trash Receptacles ◯Traffic Control/ Security Officers

◯Other _____

POLICE DEPARTMENT REVIEW

◯Approved

◯Denied

_____   _____

Authorizing Signature   Date

If your request is denied, you may appeal the decision to the City Manager.   **Updated 2/26/2015.**