City of Mankato
SPECIAL EVENT STREET CLOSURE

CONSENT/OBJECTION FORM

EVENT DETAILS

Event Name: _____

Date(s) of Event: _____

Time of Event: _____

Streets to be closed: _____

_____

I, _____, (check one box):

☐ CONSENT

I agree that neither the Special Event Organizer nor the City of Mankato may be held liable for any inconvenience the street closure(s) may cause. I further agree to notify any tenants and vendors whom the street closure will directly affect.

☐ OBJECT

Reasons for objection:

_____

_____

_____

_____ _____

Print Name Business/Organization

_____ _____

Signature Address

_____

Date