

**REPORT OF INTENTION AND REQUEST TO BLOCK
A PUBLIC STREET OR DRIVE
CITY OF DECORAH, IOWA**

Street to be closed _____

Between and Connecting _____

With _____

Date Closed _____

Time Closed _____

Reason for closing _____

Firm Name _____

By _____

Date Filed _____

Note: Notification should immediately be given when street is gain open to traffic
If earlier than the time specified above, or if an extension of time is needed an
Amended report should be filed accordingly.

Notify:

Emergency Room _____

Police Department _____

Fire Department _____

Street Department _____