Notice of Proposed Closure

El Paso, TX 79901





	Event Information					
I/we (organization/individual)						
will be holding an event on (date)		from (time)		to		
I/we are asking for your to consen	t to temporarily block off	f:				
(street closure)						
for (event)						
	Alco					
	Allee	nor suies injormae				
Company Name:				Leabara H		
Representative Name:				elephone #:		
				Zip Code:		
Company's Telephone Number	(s):					
Please print your name, address a	nd check of either Conse	ent or Object with	your signatu	re below.		
Name	Address	Consent	Object	Signature		