

Special Event Application and Road Closing Request Form

University of Virginia Police Department

Name of Event Sponsor: _____

Name of Key Contact: _____

Address: _____

Telephone Number: _____

Date of Event: _____

Time of Event: Begin _____ End _____

Description and
Purpose of Event;
Expected Participation: _____

List Proposed Streets
to be Closed: _____

Time Period for Street Closings: Begin _____ End _____

List Any Other Special
Requests (i.e. Traffic
Control Officers, etc.): _____

Sponsor's Signature: _____ Date: _____

Forward completed form and a map of the event route to:

Police Department
2304 Ivy Road
Charlottesville VA 22903
804-924-7166

The completed form should be submitted 45 days prior to the event!