

## Temporary Closure of City Street Permit Application

800 Filmore St.  
P.O. Box 186  
Thurman, IA  
51654

Phone: 712-628-2038  
cityofthurman@yahoo.com



**City of Thurman**



**Resident name:** \_\_\_\_\_

**Resident physical address:** \_\_\_\_\_

**Resident mailing address:** \_\_\_\_\_

**Resident phone number:** \_\_\_\_\_

**Date of closure:** \_\_\_\_\_ **Time of Closure:** \_\_\_\_\_

**Request from what corner to what corner:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

**Council approval date:** \_\_\_\_\_

**Mayor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clerk Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_