



**CITY OF PHARR**  
**PARADES, PROCESSIONS AND STREET CLOSURE FORM**

P.O. Box 1729 \* 118 S. Cage Blvd. \* Pharr, Texas 78577  
Fax 956-475-3442

Date of Event: \_\_\_\_\_

Type of Event:  Parade  Walk-A-Thon  Other \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

ORGANIZATION (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ CELLULAR PHONE: \_\_\_\_\_

FAX NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PURPOSE AND DESCRIPTION OF EVENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

ROUTE TO BE TRAVELED OR UTILIZED (**Attach Site & Traffic Plan**)

Starting Location: \_\_\_\_\_

Ending Location: \_\_\_\_\_

Will event occupy all or only a portion of the width of the street? \_\_\_\_\_

Is the event insured?  Yes  No

If yes, Insurance Company Information \_\_\_\_\_ Contact #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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**FOR CITY USE ONLY:**

Date Received: \_\_\_\_\_

City Commission: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

\_\_\_\_\_  
City Manager's signature

\_\_\_\_\_  
Date