

BARRICADE REQUEST FORM (DEPOSIT)

Barricades being used for: _____

of Barricades requested: _____

Date: _____

Time: _____ (8:30 PM is deadline)

Name: _____

Address: _____

Phone: _____

Date & Time the Barricades will be picked up: _____

Location of where the Barricades will be used: (Use the back of sheet to draw map). _____

Note: A \$50.00 deposit is required along with the submission of the form. Please return the form and check for the deposit amount to 725 N. Massachusetts Avenue (Street Division) or mail to: City of Mason City, c/o Street Department, 10 1st Street NW, Mason City, IA 50401. Barricades must be picked up at 725 N. Massachusetts Avenue before 3:30 p.m. on the day prior to the event or on Friday for a weekend event. Barricades must be returned within 5-days following the event or the deposit may be forfeited.

OFFICE USE ONLY

_____ Approved _____ Not Approved

Deposit \$50 _____ Police/Fire Notified _____

Date Collected: _____ Date Barricades Returned _____