City of Austin Street Event Closure Information

Event Name: _____ Event Date: _____

Contact's Name: _____ Phone & E-mail: _____

Event's Website: _____

Event Hours:

Starting: _____ Ending Time: _____

Roads Affected:

Times and Locations are Subject to Change.

Street Name:	From:	To:	Full Closure	Partial Closure	Closing Date / Time:	Opening Date / Time:
Closure Information						

Alternative Routes for Traffic:

North/South:
East/West:

Parking and Transportation Options:

For alternative transportation options visit:
www.austintexas.gov/department/getting-around-austin

For bus routes and schedules visit:
www.capmetro.org

For downtown parking information visit:
www.austintexas.gov/department/downtown-parking

Information provided by applicants.