

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 bus routes and schedules visit:

www.capmetro.org

For more parking information visit:

<http://austintexas.gov/page/parking-spots-downtown>

Information provided by applicants.