

PETITION REQUESTING STREET CLOSING

We the undersigned citizens of the City of North Little Rock, Arkansas, respectfully request that the city **CLOSE** a Street located between _____ and _____. Please check the appropriate box by your name. If you would like the Street closed, check **For**. (*Those persons opposing closing the Street can indicate by checking under the **Against** box.*)

Name	Home address	Telephone #	For closing of Street	Against closing of Street
1.				
2.				
3.				
4.				
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19.				
20.				

This petition was circulated by: _____ **Telephone #:** _____

Please return completed form to: **Diane Whitbey**
City Clerk and Collector
P. O. Box 5757
North Little Rock, Arkansas 72119-5757

Or bring completed form to: **City Hall**
City Clerk's Office
300 Main Street