



Application Temporary Street Barricade Permit

*Please fill out completely. All information is required. This form (pdf) can be completed electronically; please use the tab key to move from one field to the next.
The completed, saved form may be emailed as a pdf attachment to jskinner@decatur-al.gov.*

Location: _____
Date of Event: _____
Time: _____
Request: _____
Purpose: _____

Requested by:

Name: _____
Organization: _____
Address: _____

Phone: _____
Email: _____
Date Requested: _____

*The completed electronic pdf form may be emailed as an attachment to jskinner@decatur-al.gov.
Or, you may fax it to 256-341-4605 or mail to:
Chief of Police, City of Decatur, P.O. Box 488, Decatur, AL 35602*

_____ **For internal use only** _____

Approvals:

Chief of Police _____
Fire Chief _____
Mayor _____

Your request will be reviewed and you will be contacted within 5 to 7 working days.