

City of Jacksonville
City Clerk's Office
Skip Bradshaw, City Clerk



200 West Douglas Avenue
Jacksonville, Illinois 62650

(217) 479-4613
cityclerk@jacksonvilleil.com

ROAD BLOCK REQUEST

Name of Organization: _____

If Incorporated, Date and State of Incorporation or Establishment: _____

Presiding Officer or Road Block Coordinator: _____

Address: _____ Phone: _____

Requested Road Block Dates: _____

(Two consecutive days allowed excluding Sunday)

Times Each Day: _____ 7:30 a.m. to 6:00 p.m. Other: _____

Intersection of So. Main Street and College Avenue is the only allowable location.

PLEASE NOTE THE FOLLOWING:

- ◆ **A Certificate of Insurance is to be submitted along with this request**
- ◆ **All solicitors must wear a highly visible vest**
- ◆ **Signage should be displayed referencing the soliciting organization**

As presiding officer of the above listed organization, I hereby certify that the information contained herein is true and correct.

Signed: _____ Date: _____

Return this request to:

City Clerk's Office, 200 West Douglas Avenue, Jacksonville, Illinois 62650

At least 14 working days prior to the scheduled event.

Approval/denial will be mailed within 10 working days prior to the event.

(Reference: Ord. 95-O-40 and City Municipal Code, Ch. 28, Sec. 28-13)

Received by City Clerk: _____ Insurance Cert. Received: _____ Date Approved/Denied: _____

Notified City Council: _____ Notified Police Dept.: _____

Returned Approval/Denial to Organization: _____