

**CORPORATION OF LIBERTY  
P.O. BOX 7  
LIBERTY, INDIANA 47353**

**Request for Street Closure/Indemnification and Hold Harmless**

Street closure requests shall come before the Liberty Town Council during its regular session, and must be accompanied by a completed and signed copy of the "Request for Street Closure-Application and Execution of the Indemnification and Hold Harmless Agreement set forth therein. It shall be the sole responsibility of the individual/organization requesting closure to pick-up and return needed equipment from the Town Garage, and to make appropriate arrangements with the Street Department Superintendent or assistant for the pick-up/return times. The signatory of the application shall be financially responsible for any damages or losses to loaned equipment.

The Corporation of Liberty reserves the right to remove loaned equipment during the street closure in the event it is needed for an emergency.

The Corporation of Liberty further reserves the right to require the requesting party to provide proof of adequate insurance coverage for the event necessitating the closing whereby the insurance policy names the Corporation, its Council, employees, servants and agents as additional insureds as a condition of granting the request.

**Moreover by signing this request, and in consideration of the granting of the request, the Permittee (the party seeking such closure), and its agents, hereby agrees to defend, hold harmless and defend the Corporation of Liberty, its Council, and all of its agents, servants, employees and assigns from and against all suits, causes of action, claims, losses, demands, and expenses, including without limitation, attorney's fees, expenses and costs of litigation, damage or any liability whatsoever, for death or injury to any person, or damage or destruction of any property of any person or party, arising in any manner from the negligent acts, errors, omissions, reckless or willful misconduct incident to the street closure and the event related to such closure on the part of the Permittee or the Permittee's agents, servants, assigns, or volunteers.**

**APPLICATION**

Name/Organizationalton: \_\_\_\_\_

Contact/Position with Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone of Contact Person: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

Requested Closure Dates and Times: \_\_\_\_\_

Request Closure Area: (Please provide as much detail as possible):

By signing this Request, I understand that the decision whether to grant it rests with the sole discretion of Council and that I may have to provide evidence of adequate insurance upon request. I also agree to comply with the terms and conditions set forth in this Procedure and Application, including without limitation the Indemnification and Hold Harmless clause set forth above. I also warrant that I have authority to execute this instrument on behalf of the Permittee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Date: \_\_\_\_\_