



**USE OF THE PUBLIC RIGHT-OF-WAY
PERMIT
TO BE COMPLETED BY CITY**

AT: _____
(LOCATION)

BY: _____ ON
(APPLICANT)

DATE: ___/___/___ **FROM** - TIME: ___:___:___ **TO** - TIME: ___:___:___ IS APPROVED.

DATE: ___/___/___ **FROM** - TIME: ___:___:___ **TO** - TIME: ___:___:___

DATE: ___/___/___ **FROM** - TIME: ___:___:___ **TO** - TIME: ___:___:___

CITY MANAGER

___/___/___
DATE

SPECIAL CONDITIONS : _____

This permit should be prominently displayed where the Public Right-of-Way is being used or be available for review by any officer or employee of the City of Lawrence upon demand.

This permit may be revoked or suspended as provided by Law.