4-WAY STOP EVENTS REQUEST

Organization: _____

Date: _____

Times: _____

Cause: _____

Contact Person: _____

Contact Phone: _____

Contact E-mail: _____

THE VILLAGE WILL NEED A COPY OF INSURANCE WITH THE "VILLAGE OF MARISSA" AS ADDITIONAL INSURED.

MUST WEAR HIGH VISIBLE APPAREL.

Submit this form to:
Mail / in person

Village of Marissa
111 N. Main St.
Marissa, IL 62257

Send via email to: waterdept@villageofmarissa.com