

## RESIDENT CHECKLIST

### HAVE YOU:

\_\_\_ Double checked the day & date your street will be closed?

DAY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_ Notified service vendors of the date/times your street will be closed?

\_\_\_ Housekeepers

\_\_\_ Home Contractors

\_\_\_ Realtors if your home is listed for sale or rent

\_\_\_ Deliveries – UPS, Amazon, Fedex, Furniture, Appliances etc.

\_\_\_ Pet walkers, sitters etc.

\_\_\_ Home health care providers

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Determine if you will need to use your vehicle on the date your street is closed

\_\_\_ Made plans to park your vehicle in an unaffected alternate area the date your street is closed?

\_\_\_ Park any extra vehicles in an unaffected area for the day your street is closed?