



Facilities and Services Road Closure Approval

This is a preliminary Road Closure survey to determine the feasibility and challenges associated with a road closure. Listed below are the roads or area affected, proposed start and end date(s) and time(s), along with any anticipated affects the loss of roads may have on your environment. Please review this request carefully and provide your approval/rejection, any concern or other information you feel is important, and actions required by this office to protect sensitive operations. Procedure is outlined at [OPS-021](#).

An **immediate response is requested**. Upon receipt of your approval, the formal road closure confirmation will be provided to all effected departments, and/or listed individuals, by email.

(Although we strive to contact the proper and impacted user; some may unknown or have changed. If you are aware of individuals beyond those listed that may be affected, please provide their contact information or comments.)

Request Date: _____ Requestor: _____
 Phone: _____ Email: _____
 Street(s) to be interrupted: _____
 Start Date: _____ Day: _____ Start Time: _____
 End Date: _____ Day: _____ End Time: _____

What is the purpose of the road closure?

What buildings will be affected and how will they be affected?

How will the work affect the road?

What, if any, measures are being taken to minimize the impact on users?

The Contractor's Traffic Control Plan:

FS Management Disposition: Approved Denied Delayed (until) _____

FS Management Approval Date _____

Associate VP Final Approval Date _____

Executive Director Approval Date _____

Comments: