



Facilities and Services Request for Road Closure

Request Date: _____ Requestor: _____
 Responsible party: _____ Phone: _____
 Street(s) to be interrupted: _____
 Start Date: _____ Start Time: _____ Emergency Contact: _____
 End Date: _____ End Time: _____ Phone: _____

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 surface?

Traffic Control Plan:

Describe and attach detailed drawing of street to be closed, limits of closing (from where to where), traffic control signage plan to be implemented, and detour path if necessary for traffic.

What traffic control devices are proposed associated with closing (these must be shown and labeled on the traffic control plan)?

FS Management Disposition: Approved Denied Delayed (until) _____

FS Management Approval Date

Assoc. VP Final Approval Date

Executive Director Approval Date

Comments: