



# 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: