



Please submit by fax a minimum of 72 hours in advance.

Please check boxes and fill in blanks.

LANE

Closure: Scheduled Emergency

Direction Bound: North South East West

DELAYS

Delay Length (Minutes): 5 10 15 20 30 or _____

Delay Type: Single Lane Alternating Single Lane Shoulder

Shadow Vehicle Pilot Car Controlled

LOCATION

Street: _____

At North South East West of _____
Cross Street

DURATION

Duration: Beginning at _____ Hours Ending at _____ Hours

Dates: Starting _____ Ending _____
yyyy/mm/dd yyyy/mm/dd

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Note: Arterial and collector classed roads are subject to time restrictions.

DESCRIPTION OF WORK TO BE DONE

Sketch attached

SUBMITTED BY

Name: _____ Call Sign: _____

Phone Numbers: _____
Work Cell After Hours