

STREET/ RIGHT-OF-WAY CLOSURE REQUEST



HOST: _____

ORGANIZATION: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

STARTING DATE: _____ ENDING DATE: _____

WHAT STREET IS CLOSED/RESTRICTED: _____

FROM WHAT CROSS STREET: _____

TO WHAT CROSS STREET _____

DAYS OF THE WEEK: _____

HOURS: FROM: _____ TO: _____

WHAT TYPE OF RESTRICTION: _____

(Lane closed intermittently/road closed/no public access/alternating traffic)

TYPE OF WORK/NEED: _____

(Special event, asphalt overlay, water main installation, culvert repair, paving, etc.)

OTHER REMARKS OR INFORMATION: _____

Please submit completed forms to Town Hall by 10:00 am Thursday of the week
prior to the week that the work is to be done.

Please contact the Town Administrator with any questions 509-653-0204)