

## Road Closure Information Requirements

(All lines must be filled out - "TBD" acceptable if unknown at time of filling out)

Closed road name:	
Closure starting point:	
Closure ending point:	
Local/business traffic permitted (Y/N):	
Start date (proposed):	
Start time (proposed):	
End date (proposed):	
End time (proposed):	
Reason/scope of work:	
On site contact name/number:	
Added time to commute/travel due to detour:	
Any other necessary MOT/plan sheets included (Y/N):	
Planned dates for Changeable Message Sign (VMS) setup:	
Other/special notes:	
Closure will be picked up at the end of each work day (Y/N):	

Closure MUST have a plan in place to accommodate emergency vehicles in exigent circumstances. Submission of this document is acknowledgement thereof.