



ROAD CLOSURE REQUEST FORM

For Temporary Road Closures

Official Use Only

ROW#

ROAD INFORMATION

Road Name:

Road Location: (Address/Nearest Cross Street)

Reason for Closure:

Mark all that apply:

Time & Date of Closure: ☐ Daily Closure ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su ☐ 24-Hour Closure

Start Date: _____ Start Time: _____ AM/PM End Date: _____ End Time: _____ AM/PM

The work zone shall generally provide access to local traffic and emergency vehicle at all time unless it is not possible to provide access. The applicant may request that the work zone be closed to local traffic and/or emergency vehicles under certain circumstances.

☐ Work Zone OPEN to local traffic & emergency vehicles

☐ Work Zone CLOSED to ALL Vehicles (including local traffic & emergency vehicles)

Reason: _____

REQUESTOR INFORMATION (REQUIRED)

Business Name:

Contact Name:

Address:

City/State/Zip:

Phone:

Fax:

Email:

I understand that this temporary road closure request is subject to review and approval by Public Works Director and that no closure will be allowed until approval is given and all stakeholders are notified.

Printed Name:

Signature:

Date:

OFFICIAL USE ONLY

☐ Approved ☐ Denied Reason:

Affected Agencies Notified:

☐ Police Department

☐ Mid-Columbia Bus Co

☐ Fire District

☐ Sanitary Disposal

☐ Umatilla School District

☐ Post office

PW Director Signature: _____

Date: _____