

COUNTY OF CHARLOTTE - PUBLIC WORKS DIVISION REQUEST FOR TEMPORARY CLOSING OF COUNTY ROAD

1. ORGANIZATION

NAME OF REQUESTER:

NAME OF ORGANIZATION:

STREET ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

EMAIL:

FAX:

2. EVENT DATE/TIME

TITLE OF EVENT:

DATE(S) OF EVENT

TIME(S) OF EVENT

TO:

FROM:

BEGIN:

END:

3. PROPOSED ROAD CLOSURE

PROPOSED ROAD(S) TO CLOSE (SPECIFIC LOCATIONS-INCLUDE MAP)

PROPOSED DETOUR ROUTE (INCLUDE ALTERNATE ROAD AND MAP)

4. COMMENTS

5. APPROVING AUTHORITY

PRINT NAME AND TITLE OF APPROVING LAW ENFORCEMENT OFFICIAL/SIGNATURE/DATE

NAME AND TITLE OF APPROVING TRAFFIC SECTION OFFICIAL/SIGNATURE/DATE

NAME AND TITLE OF APPROVING PUBLIC WORKS OFFICIAL/SIGNATURE/DATE

Request for Temporary Closing Form shall be submitted to Charlotte County Public Works at least 60 days prior to the event.