



MUNICIPALITY OF MIDDLESEX CENTRE
 10227 Ilderton Road – R. R. # 2 Ilderton, ON N0M 2A0
 Telephone 519-666-0190 - Fax 519-666-0271

ROAD CLOSURE REQUEST

REQUEST # _____

Applicant Information:

Applicant Name			
Company Name			
Telephone		Fax	

Location Information:

Road Name			
Location From		Location To	
Reason for Closure			

Please check one of the following:

Two Lane Closure: **Single Lane Closure:**

From Municipal Address _____ to _____ (two lane closure requirement)

Notes:

1. The requesting party submits a Road Closure Request to the Road Authority/Manager of Public Works and Engineering for review and approval a minimum of 5 (five) working days (excluding of holidays) prior to proceeding with any work on the road allowance.
2. It shall be the Road Authority's responsibility to notify all the applicable emergency services, schools, etc. of the road closure taking place.
3. The applicant agrees prior to beginning any work to properly set up signage and safety devices and this shall be in conformance with the Ontario Traffic Manual, Book 7. Upon completion of the work all signage and safety devices shall be removed. It is the applicant's responsibility to provide all necessary and signage and safety devices.

Date of Work: Start: _____ Finish: _____

Signature of Applicant

Date

Middlesex Centre (Office Use Only)

Approval Signature		Date
Distribution	Road Supervisor	