

# ROAD CLOSING INFORMATION

*48hour Notice Required*

**Road:**

At / Between:

**DATE:** Closing:

Reopening:

**TIME:** Closing:

Reopening:

The Road will be closed/restricted:

**Detour Route:****Special Information:**

Who will Barricade Road:

Who will Post Detour Route:

Will a Flagman be used:

Other:

**\*PLEASE ATTACH MAP SHOWING THE AREA OF CLOSURE**

**Lab Contact:**

Phone:

Page:

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Security Dept. Comments:

ESH&Q/Security Department - Office Use Only

**Approved:** \_\_\_\_\_

(ESH&Q/Security Department)

Date of Request:

Date Approved:

Date Distributed:

Distributed Via: