

ROAD CLOSING REQUEST FORM

VIA
(SR NO. & STREET NAME)

INTERSECTION
WITH

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WITH

PURPOSE FOR ROAD CLOSING:

EFFECTIVE DATE:

RAIN DATE:

TIME:

HIGHWAY WILL BE:

_____ FULLY CLOSED

_____ PARTIALLY CLOSED

ESTIMATED DURATION OF HIGHWAY CLOSING:

_____ MINUTES

_____ HOURS

TRAVEL DISTANCE (LENGTH) OF THE ROUTE(S) TO BE CLOSED: _____

TRAVEL DISTANCE (LENGTH) OF THE ALTERNATE ROUTE(S): _____

THE _____ HEREBY INDEMNIFIES AND SAVES HARMLESS
(TWP., CITY, BOROUGH)

THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF TRANSPORTATION FROM ANY AND ALL
CLAIMS ARISING OUT OF THE ROAD CLOSING OR DETOUR.

MUNICIPAL MAP SHOWING PARADE ROUTE AND ALTERNATE ROUTE(S) MUST BE SUBMITTED
WITH THIS REQUEST.

THIS FORM SHALL BE RECEIVED BY THE DISTRICT ENGINEER AT LEAST TWO WEEKS PRIOR
TO THE HIGHWAY CLOSURE. PLEASE PROVIDE A TRANSMITTAL LETTER WITH THIS FORM.

AUTHORIZED MUNICIPAL OFFICIAL

MUNICIPALITY (TWP., BOROUGH, CITY)