

CHAMBERSBURG "REQUEST FOR ROAD CLOSURE" FORM

Name: (Please Print) _____

Address: _____

Phone: _____

Reason for Street to be Closed:

Street(s) to be Closed (describe from starting point to ending point) :

Dates and Times Road will be Closed: _____

Will traffic cones be borrowed? Yes ___ No ___ How many? _____
(Traffic cones can be picked up at the Chambersburg Utility Service Center, 80 South Franklin Street. Each borrowed cone requires a \$5 deposit refundable upon return of the cones.) Cone Pick-Up Date: _____

"I agree to contact the Chambersburg Service Center at 263-4111 each day that I will close the road, street or alley. I will abide by Pub. 213, PennDOT uniform traffic control manual, for proper signage and safety measures."

Applicant Signature

Date

PennDOT 213 Review (Eng. Or Highway)

Date

Mayor

Date

Cc: Public Works Director; Police Chief; Emergency Services Chief; Service Center