



CITY OF GALVESTON

REQUEST FOR NOTICE OF ROAD CLOSURE

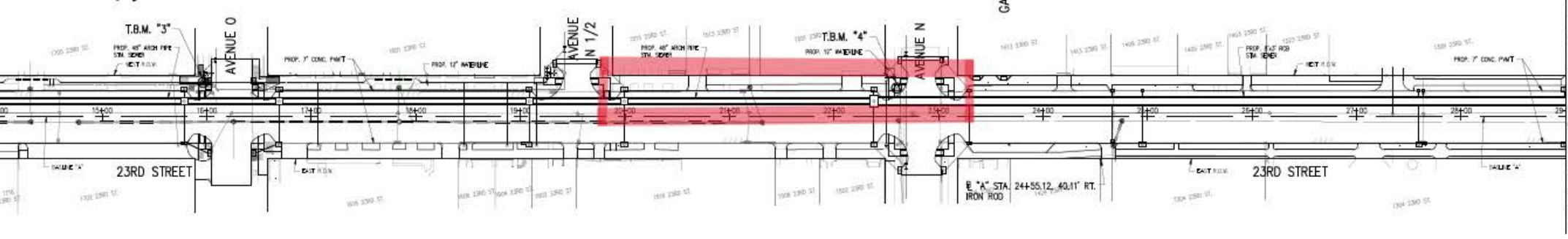
Duration of road closure: (1 day, 1 week, etc...)	
Date(s) of road closure:	Day Date thru Day Date
Will road closure include weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>	Time: From: To:
Address of road closure:	Reason for road closure:
Will both lanes be closed or partial? Both <input type="checkbox"/> Partial <input type="checkbox"/>	<u>If partial:</u> What side? _____ Will traffic control devices be on site? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this closure impact local businesses? <u>3-5 days advance notice to the businesses is required</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which businesses? _____ _____ Is there another entrance available? _____ _____
Alley: If applicable, will alleyway be affected? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how? _____
Parking: Will residential parking be interrupted? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please explain: _____
Door Hangers: Are door hangers needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so how many? _____
Sanitation: Will garbage service be affected? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where should residents place their trash? _____
Will bulk be cancelled during this time? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will Sanitation service this area first before work begins? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please check if you would like to include any of the following in the notice:

- DO NOT WALK OR DRIVE IN THE CONSTRUCTION AREA.**
- NO STREET SIDE PARKING WILL BE ALLOWED UNTIL COMPLETION OF PROJECT.**
- PLEASE BE AWARE OF THE POSSIBILITY OF TRACKING OIL ONTO YOUR PRIVATE PROPERTY.**

NOTES: _____

MATCH LINE - @ "A" STA. 14+00
SEE THIS SHEET FOR CONTINUATION



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SEE THIS SHEET FOR CONTINUATION

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