CITY OF WILLIAMS
ROAD CLOSURE REQUEST
(not a permit)

Applicant Name:_____

Address:_____

Person Responsible for Closure:_____Phone:_____

Date(s) of Requested Closure:_____Hours:_____

Reason for Closure:_____

Diagram of Road Closure Plan (include barricades and detour signage):

Name of Sign Provider (i.e.: Starlite Barricade, City):_____

This form must be filled out in detail and returned to the City of Williams Planning Department at least 48 hours in advance of requested closure time. Roadways may not be closed until written authorization is received from the City.

The City of Williams reserves the right to deny road closure requests.

CITY USE ONLY

Planning and Zoning:_____
Public Works: :_____
Police: :_____
Other:_____

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