



# CITY OF WRAY REQUEST FOR STREET CLOSURE OR TRAFFIC DIVERSION

PLEASE SUBMIT REQUEST 30 DAYS PRIOR TO DATE REQUIRED

STREET BARRICADES AND OTHER EQUIPMENT MUST BE REQUESTED SEPARATELY FROM THE  
PUBLIC WORKS DEPARTMENT AT 332-4412

Requestor \_\_\_\_\_ Date of request \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Organization name \_\_\_\_\_ Date(s) of requested closure \_\_\_\_\_ Through \_\_\_\_\_

Street(s) to be closed or traffic diverted

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

*Please indicate a route on the back of this form.*

Time of closure or diversion Start \_\_\_\_\_ to Finish \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Request Approved Yes \_\_\_\_\_ No \_\_\_\_\_

City Manager \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Chief of Police \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Public Works Director \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

