



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 _____ Through _____
Date(s) of requested closure _____

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

Digitized by srujanika@gmail.com

Received by _____ Date _____ Time _____

Request Approved Yes _____ No _____

City Manager	Date	Time
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Chief of Police	Date	Time
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