



# 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 \_\_\_\_\_

