



# CITY OF GALVESTON

## REQUEST FOR NOTICE OF ROAD CLOSURE

<b>Duration of road closure:</b> (1 day, 1 week, etc...)	
<b>Date(s) of road closure:</b>	Day                  Date                  thru                  Day                  Date
<b>Will road closure include weekends?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Time:</b> From:    To:
<b>Address of road closure:</b>	<b>Reason for road closure:</b>
<b>Will both lanes be closed or partial?</b> 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"/>
<b>Will this closure impact local businesses?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, which businesses? _____ _____ Is there another entrance available? _____ _____
<b>Alley:</b> If applicable, will alleyway be affected? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how? _____
<b>Parking:</b> Will residential parking be interrupted? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please explain: _____
<b>Door Hangers:</b> Are door hangers needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so how many? _____
<b>Sanitation:</b> 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:** \_\_\_\_\_