

TEMPORARY ROAD CLOSURE REVIEW REQUEST

Applicant:								
Location:								
Reason For Closure:								
Reason For Closure.								
Date(s) and Duration								
Date(s) and Duration of Closure:								
How is closure to be maintained?								
Is public notice to be circulated/published?								
CHE	CKLIST:							_
1		e requested closure in compliance with ship Bylaw No. 2003-60?	Yes	ı	No			
2	Has the applicant : Township for a roa	submitted a written request to the ad closure?	Yes		No		N/A	
3		provided insurance documentation hip as an additionally insured party?	Yes	ı	No		N/A	
4		provided a sufficient traffic control	Yes	1	No		N/A	
5	Has the applicant Ambulance?	notified the OPP, Fire Department and	Yes	1	No		N/A	
ROA	D CLOSURE COM	MITTEE COMMENTS:						
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