

NEW ALBANY

POLICE

Road Closure Permit

Requestor Name:		Date:	
Address:			
Home Phone:		Cell Phone:	

Purpose

Dates and Times of Closure			
From		To	
Date	Time	Date	Time

Additional Comments:

Residents within the requested closure must be notified? How? (i.e. e-mail, flyer, etc.)

I _____ hereby understand that all emergency vehicles, including Police and Fire equipment, must be afforded access to the above location at all times. I also agree to have the city-provided barricades/cones in place while the road is closed to vehicular traffic. Barricades/cones will be delivered by the service department prior to the event and shall be erected in accordance with the road closure plan. (see reverse side) The applicant will be responsible for any damage to any barricades/cones in their possession.

Please email completed form to: Police@newalbanypolice.org

Signature of Applicant: _____

Chief of Police:		☐ Approved ☐ Denied	Date:	
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ROAD CLOSURE PLAN



Notes:
