



# CITY OF PORT ST. LUCIE PUBLIC WORKS DEPARTMENT

## Road/Lane Closure Request

September 1, 2016

<b>REQUEST DATE:</b>	<b>REQUESTED BY:</b>
<b>TYPE OF CLOSURE:</b> (Ex. Road, Lane, Sidewalk, Intermittent, etc)	
<b>START DATE OF CLOSURE:</b>	<b>END DATE OF CLOSURE:</b>
<b>TIME OF CLOSURE:</b> (Reference start and end times)	
<b>STREET NAME:</b>	
<b>BETWEEN:</b> _____ <b>AND</b> _____	
<b>DETOUR STREET(S):</b>	
<b>MOT INDEX TYPE:</b> <input type="checkbox"/> ROAD/LANE <input type="checkbox"/> SIDEWALK	<b>MOT INDEX USED:</b> (Reference Index Number)
<b>ADDITIONAL INFORMATION:</b>	

Form available at: [www.cityofpsl.com](http://www.cityofpsl.com). You may return the form to the Public Works Department via fax at: (772) 871-5289, or via email at: [rdclosure@cityofpsl.com](mailto:rdclosure@cityofpsl.com)

(For Public Works Office Use Only)

<b>APPROVED BY:</b>	<b>DATE:</b>
<b>AUTHORIZED BY:</b>	<b>DATE:</b>
<b>COMMENTS:</b>	