

**CHAMBERSBURG "REQUEST FOR ROAD CLOSURE" FORM**

**Name: (Please Print)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Reason for Street to be Closed:**

\_\_\_\_\_

**Street(s) to be Closed (describe from starting point to ending point) :**

\_\_\_\_\_

**Dates and Times Road will be Closed:** \_\_\_\_\_

**Will traffic cones be borrowed? Yes \_\_\_ No \_\_\_ How many? \_\_\_**  
**(Traffic cones can be picked up at the Chambersburg Utility Service Center, 80 South Franklin Street. Each borrowed cone requires a \$5 deposit refundable upon return of the cones. ) Cone Pick-Up Date: \_\_\_\_\_**

**"I agree to contact the Chambersburg Service Center at 263-4111 each day that I will close the road, street or alley. I will abide by Pub. 213, PennDOT uniform traffic control manual, for proper signage and safety measures."**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PennDOT 213 Review (Eng. Or Highway)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Date**

**Cc: Public Works Director; Police Chief; Emergency Services Chief; Service Center**