ROAD CLOSURE REQUEST

Community & Economic Development
City of Arlington • 18204 59th Avenue NE • Arlington, WA 98223 • Phone (360) 403-3551

Name/Company: _____
Street: _____
Date: _____
Time: _____
Purpose: _____

❒ Complete Closure (i.e. no access)

❒ Partial Closure (i.e.one lane of traffic)

❒ Diversion Closure (i.e. to turn lane)

Describe what section of the road will be closed using cross streets or a street address with the total linear footage of closure.

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Please briefly explain your traffic control plan and/or detour route, including safety precautions that will be taken in the evenings for multiple day closures. Attach a traffic control plan in necessary.

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