



Please submit by email to [TrafOps@richmond.ca](mailto:TrafOps@richmond.ca) a minimum of five (5) business days (Mon–Fri) in advance.

Please check boxes and fill in blanks.

**Fee: \$109.00**

**LANE**

**Closure:**  Scheduled  Emergency

**Direction Bound:**  North  South  East  West

**DELAYS**

**Delay Length** (Minutes):  5  10  15  20  30 or \_\_\_\_\_

**Delay Type:**  Single Lane Alternating  Single Lane  Shoulder

Shadow Vehicle  Pilot Car Controlled

Full Road/Back Lane Closure

**LOCATION**

**Street:** \_\_\_\_\_

at  North  South  East  West of \_\_\_\_\_  
Cross Street

**DURATION**

**Duration:** Beginning at \_\_\_\_\_ Hours Ending at \_\_\_\_\_ Hours

**Dates:** Starting \_\_\_\_\_ Ending \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

*Note: Arterial and collector classed roads are subject to time restrictions. Public notification required one (1) week prior for any full road/back lane closures.*

**DESCRIPTION OF WORK TO BE DONE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sketch attached

**SUBMITTED BY**

**Name:** \_\_\_\_\_ **Title/Organization:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_  
Work Cell After Hours