



Please submit by email to **TrafOps@richmond.ca** a minimum of three (3) business days (Mon-Fri) in advance.

Please check boxes and fill in blanks.

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

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.

DESCRIPTION OF WORK TO BE DONE

Sketch attached

SUBMITTED BY

Name: _____ **Title/Organization:** _____

Phone Numbers: _____
Work Cell After Hours