

# Temporary Road Closure Permit



**Please complete this application and return it to the Public Works Department**

Phone: 306-525-5237      Fax: 306-352-1760      E-mail: publicworks@rmofsherwood.ca

Organization:	_____	Postal Code:	_____
Address:	_____	Phone:	_____
Contact:	_____		
Email:	_____		

Name of Road to be Closed:	_____		
Date of Closure:	_____		
Time of Closure:	_____	to	_____
Reason for Road Closure:	<input type="checkbox"/>	Special Event <i>(describe):</i>	_____
	<input type="checkbox"/>	Construction/Repair <i>(describe):</i>	_____

**APPLICANT MUST SUBMIT THEIR OWN MAP TO THIS APPLICATION.**  
**Please indicate on map the route or area that needs to be closed.**  
**IF POLICE ASSISTANCE IS REQUIRED, CONTACT THE WHITE BUTTE RCMP DETACHMENT DIRECTLY.**

**Please check the box affected on the enclosed map.**

It is the Applicant's responsibility to provide all barricades and detour signage including flag persons if required.

**OR**

The Applicant's responsibility will contract the Public Works Department to have barricades and detour signs installed for the road closure location. There will be a \$250 fee for this service.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

<b>Public Works:</b>	Signature: _____	Date: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason: _____
<input type="checkbox"/> Document Revision	Permit #: _____	Date: _____

DISPURSEMENT OF PERMIT TO:

Applicant	_____
EMS Dispatch (Fax: 306-766-6006)	_____
Prairie Valley School Division (Email: transportation@pvsd.ca)	_____
Regina Fire Department - Administration (Email: fast@regina.ca)	_____
Regina Fire Department - Dispatch (Fax: 306-352-5066)	_____
White Butte RCMP (Fax: 306-781-5070)	_____