

TOWN OF WOODSTOCK
TEMPORARY ROAD CLOSURES
APPLICATION FORM

APPLICANT INFORMATION

Business Name: _____

Charitable Organization: _____

Contact Name: _____ Phone Number: _____

Mailing Address: _____

ROAD CLOSURE INFORMATION

Street(s) Affected: _____

From _____ To _____

Dates Requested: From _____ To _____

Times Affected: From _____ To _____

Parties Assisting in Traffic Control: _____

Purpose for the Temporary Road Closure:

Special Conditions: _____

Public Liability Damage Insurance Certificate Enclosed? ___ YES ___ NO

Applicant's Signature

The Applicant agrees that they have familiarized themselves with the requirements and Guidelines for Road Closures and agrees to comply with all of the conditions.