



TOWN OF EATON

REQUEST FOR STREET CLOSURE OR TRAFFIC DIVERSION



Please submit request 30 DAYS PRIOR to date requested

Name of Requestor Phone Number Date

Name of Organization Date(s) Closure Requested

Reason for Request:_____

Time of Closure or Diversion: Start:_____ Finish:_____

Barricades or Other Equipment Needed? Yes___ No___ Explain:_____

This request form MUST include a map large and clear enough to identify the following:

- All routes closed or restricted
- Mark where all barricades are required
- Identify where volunteers, if any, will be stationed
- Provide information on restricted entrance/exit locations if applicable
- If using Highway 85 for any part of route or street closure, attach authorization from Colorado Department of Transportation

Official Use Only

Received By:_____ Date:_____ Time:_____

Map Received: Yes___ No___ Request Approved: Yes___ No___

Town Administrator Date Time

Chief of Police Date Time