



## City of Monroe Lane/Road Closure Request Form

Please complete the information below if your ROWD Permit has already been approved and paid for.

All information below must be filled out and sent to [roads@monroewa.gov](mailto:roads@monroewa.gov) at least **2 full business days prior** to the Lane/Road Closure for posting. Request forms are accepted Monday-Thursday only. Permit approval is required prior to submitting a Lane/Road Closure Request form.

### Point of Contact Information

Company Name: _____	Telephone: _____
Contact Name: _____	Email Address: _____

### Closure Request

Application #: _____	Permit #: _____	
Road: _____		
Date of Closure: _____		
Start Time of Closure: _____	End Time of Closure: _____	
At/Between: _____		
Check All That Apply:		
<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Road Closure	<input type="checkbox"/> Sidewalk Closure
<input type="checkbox"/> Shoulder Closure	<input type="checkbox"/> Lane Shift	<input type="checkbox"/> Flaggers
<input type="checkbox"/> Detour (please include map)		
Type (Ex: Closure of the southbound lane): _____		
Project/Work Description: _____		
_____		