

3000 Sheffield Road
Winter Haven, FL 33880



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www.polk-county.net

ROADS & DRAINAGE DIVISION

Lane Closure Request Form

DATE OF REQUEST:

PROJECT NAME:

PROJECT SCOPE OF WORK:

PROJECT LOCATION:

(Street Name and Nearest Municipality)

REASON FOR LANE CLOSURE:

ANTICIPATED START DATE:

ESTIMATED DURATION OF LANE CLOSURE:

ESTIMATED DURATION OF PROJECT:

OFFICE CONTACT AND ORGANIZATION:

(Name, Phone and Agency/Company)

JOBSITE CONTACT AND ORGANIZATION:

(Name, Phone and Agency/Company)

NOTE: Lane closure **request must be received** by the Roads & Drainage Division **at least (7) working days prior to the anticipated start date of the lane closure.**

Please **submit completed form with MOT/TCP plan** to roadclosurecoordinator@polk-county.net.

Roads & Drainage Division will notify first-responders and appropriate county and municipal agencies.

Reviewed by:

Approved by:

Joe Montoya, P.E.
Engineering Manager

Date

Amy J. Gregory, P.E.
Traffic Manager

Date

Jay M. Jarvis, P.E.
Roads & Drainage Division Director

Date