



City of Tigard

POLICE DEPARTMENT

Road Closure Request

To request a road closure for a special event, the following information must be submitted to the Tigard Police Department at least six weeks before the proposed closure date(s).

Reason for closure request: _____

Contact person: _____

Contact person's address: _____

Name of organization: _____

Daytime phone: _____

Evening phone: _____

Date(s) and time(s) of closure:

Location of closure request: Attach a map with closure(s) clearly identified and a complete traffic control plan.

Have you notified/discussed this closure with?

- | | | | |
|-----------------------------------|------------------------------|-----------------------------|------------------------------|
| Affected residents/businesses | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Local emergency service providers | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| School district | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| TriMet | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Please contact Sgt. Gerald Bartolomucci at 503-718-2567 for additional information. We will contact you with the results of your road closure request.

PD Approval _____ Engineering Approval _____ PW Approval _____

Any special conditions:

1. Notices shall be delivered to affected properties 48 hours before closure.
2. _____
3. _____