



10511 – 103 Street  
 High Level, AB  
 T0H 1Z0  
**Ph:** 780-926-2201  
**Fax:** 780-926-2899

# Temporary Road Closure

Application Form

## Applicant Information

<b>Applicant Name</b>	<b>Date</b>
<b>Mailing Address</b>	<b>Phone</b>
Address: City/Town: Province: Postal Code:	Telephone: Cell Phone: Fax:

## Section One

<b>Roads to be closed or used</b> (Please provide sketch on attached map)	
<b>Purpose of road closure request</b>	
<b>Date of Road Closure</b>	<b>Between the times of:</b>
<b>Additional Comments</b>	

<b>Applicant Signature</b>	<b>Date</b>

## Section Two

Office Use Only	
Please respond within Seven (7) days. If no response is received within 7 days, it will be interpreted that your department has no concerns.	
Referrals	
<input type="checkbox"/> Director of Operations _____ <input type="checkbox"/> Development _____ <input type="checkbox"/> Protective Services _____ <input type="checkbox"/> Chief Administrative Officer _____	<input type="checkbox"/> RCMP _____ <input type="checkbox"/> Ambulance Service _____



TOWN OF

HIGH LEVEL

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Conditions Required	
<input type="checkbox"/> Barricades at: _____ <input type="checkbox"/> Traffic Control by Peace/Bylaw Officer <input type="checkbox"/> Advertising (Circle) Newspaper, Radio, Signs <input type="checkbox"/> Clean up provisions (ie Street Sweeping) Specify below	<input type="checkbox"/> Traffic control persons with safety vests <input type="checkbox"/> Proof of liability insurance <input type="checkbox"/> Notification of adjacent property owners <input type="checkbox"/> Other (please Specify) _____
Approved By	Date

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.