

REQUEST FOR TEMPORARY ROAD CLOSURE

DESCRIPTION OF EVENT/REASON FOR ROAD CLOSURE:

SECTION OF ROAD TO BE CLOSED:

DATE CLOSURE REQUIRED:

TIME PERIOD: As of

until

Group/Contact person making request

Telephone Number:

.....
MUNICIPAL APPROVAL:

**We, the Municipality of _____
hereby accept responsibility for the above-mentioned temporary road closure
as required in Bruce County By-Law #3985 as follows:**

*“That the Engineer of the County of Bruce or his designate may approve temporary closure of any highway to facilitate a social, recreational, community, athletic, cinematographic purpose, any combination of such purposes, or any other similar purpose, **conditional on the local Municipality, in which the event is taking place, shall accept, in writing, the responsibility for notifying the public, establishing suitable detour roads, erection and removal of barricades and signs, maintenance and restoration of the County road and detour roads, and all associated costs.**”*

Authorized Signature

Print Name:

Position:

Date:

.....
COUNTY APPROVAL:

Authorized Signature

Print Name:

Brian Knox

Position:

County Engineer

Date:
