

Please e-mail completed form to [planning@olds.ca](mailto:planning@olds.ca)

**APPLICANT INFORMATION**

Name of APPLICANT	Phone
Name of ORGANIZATION	
Complete Address of APPLICANT / ORGANIZATION	Postal Code
E-mail	

**Road Closure Information**

CONTENT of Closure Description		
Type of Closure (Road, Sidewalk, Boulevard, Parking Lot)	Address of Closure	
Full or Partial Closure	Start Date & Time	End Date & Time

**PLEASE NOTE** that application processing times may vary depending on the information provided for the temporary road closure approval of your project or event. If additional information is required or revisions are needed this will impact processing times.

- ☐ Site Plan or Road Map
  - Sign & Barricade Locations
  - Exact location of project
- ☐ Traffic Control Plan
  - Detour route

\_\_\_\_\_  
Name of APPLICANT (Please Print)

\_\_\_\_\_  
Signature of APPLICANT

\_\_\_\_\_  
DATE

OFFICE USE ONLY

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

*The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email [FOIP@olds.ca](mailto:FOIP@olds.ca)*