



Temporary Road Closure Applicaition

Please e-mail completed form to planning@olds.ca

APPLICANT INFORMATION

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

Road Closure Information

CONTENT of Closure		
Type of Closure (Road, Sidewalk, Boulevard, Parking Lot)	Address of Closure	
Construction Project	Start Date	End Date

- ☐ Site Plan or Road Map
- ☐ Traffic Control Plan (if applicable)

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