



**Temporary Road Closure
Application**

Please e-mail completed form to 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