

## **ROAD CLOSURE NOTICE FORM**

To: Stratford Police, Stratford Fire, Director of Public Works

CC: Engineering Department

From: Contractor: \_\_\_\_\_

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

Subject: Full or Partial road closure notification

This form is to notify the Town of road excavation work being performed that will require a full or partial closure of the roadway. I hereby provide 24 hour notification of the following work:

*Location / Address:*\_\_\_\_\_

*Date work is to be performed:*\_\_\_\_\_

*Time:*\_\_\_\_\_

*Company Name:*\_\_\_\_\_

*Type of Work:*\_\_\_\_\_

*Full or Partial Closure required:*\_\_\_\_\_

*(indicate full or partial)*

Stratford Police Department **fax: 203-385-4134**

Stratford Fire Department **fax: 203-381-2081**

Public Works Department **fax: 203-385-4082**

Engineering Department **fax: 203-381-2053**