

ROAD CLOSURE PERMIT

PERMIT DATE: _____

CONTRACTOR/REQUESTOR: _____

CONTACT PERSON: _____

OFFICE & CELL PHONE: _____

STREET TO BE CLOSED: _____

BETWEEN (STREET/INTX): _____ AND _____

DATE(S) TO BE CLOSED: _____

BETWEEN (HOURS): _____ AND _____

REASON FOR CLOSURE: _____

APPROVED BY: _____

ENGINEERING & INSPECTIONS DEPT

ON: _____

OFFICE USE ONLY

THE FOLLOWING PEOPLE/DEPARTMENTS WERE NOTIFIED VIA EMAIL:

SALEM CITY MANAGER'S OFFICE _____

SALEM DISPATCH _____

 VALERIE RAMEY _____

 VANESSA GOAD _____

SALEM POLICE _____

 CHIEF JEFF DUDLEY _____

 DEPUTY CHIEF TIM GUTHRIE _____

SALEM FIRE _____

 CHIEF PAT COUNTS _____

 DEPUTY CHIEF JOHN PRILLAMAN _____

SALEM SCHOOLS _____

 MIKE BRYANT _____

 PATSY SURRAT _____

MIKE STEVENS _____

MIKE TYLER _____

THESE PEOPLE/DEPARTMENTS WERE NOTIFIED BY _____

ON _____.