

Town of Mt. Crested Butte Road Closure Request Form

A Town of Mt. Crested Butte Road Closure Request is required to be submitted for any road closures, regardless of the duration, within the town limits of Mt. Crested Butte. Requests must be submitted no less than seven days prior to the road closure requested. Requests will be reviewed by Town staff and approved by the Town Manager. Approved request forms will be returned to requestee and must be in the possession of on-site manager throughout the closure.

Today's Date:				
Name of Person(s) or Orga	nization Requesting:			-
Date(s) of Closure Request	:			_
Timing Requested:				_
Location of Closure Reques	t:			_
Purpose for Requested Clos	sure:			_
Safety Plan for Closure (Plea	ase include a detailed sa	afety plan for the c	losure you are requesting):	
			كامتكناه معامل الترسيط المستعار	
Will this closure aπect any	residences or busine	sses? If yes, who	and how will they be notified?	_
Requestee Signature:			Date:	_
Town Manager Signature:			Date:	-
Internal Use Only:				
Police Department	Maintenance:	Parks:	Events Coordinator:	