

PLEASE COMPLETE THE INFORMATION

Road Closing Request

Date of closing:

Time of closing (start and end):

Contact Name:

Phone(s):

Business or entity:

Road to close (start/end):

Type of event:

Print Name and Date: _____

For Public Works use only:

OFFICE USE ONLY			
DEPARTMENTS NOTIFIED	Notified to: (Name)	Date/Time	Via: email, phone call, other
POLICE DEPARTMENT			
FIRE DEPARTMENT			
COMMUNITY AFFAIRS			
PUBLIC WORKS			

Approved by: _____

Please return request to:
 Jannette Mariani, jannette@austellga.gov
 or Keyla Calderon, kcalderon@austellga.gov