

TOWN OF HARTFORD ROAD CLOSURE REQUEST

NAME _____ Contractor/ owner

ADDRESS _____

DATE _____ PHONE # _____ CELL # _____

I (contractor/ owner) request to close the road for the installation of _____
_____ (water, wastewater, etc.) on _____ (street)
for a period of _____ (hours) on _____ (date).

Before approval of an Excavation Permit the following Departments have to be contacted
for their requirement.

HIGHWAY _____

Signed _____ Date _____

WATER _____

Signed _____ Date _____

WASTEWATER _____

Signed _____ Date _____

POLICE _____

Signed _____ Date _____

FIRE _____

Signed _____ Date _____

SCHOOL DISTRICT _____

Signed _____ Date _____

MANAGERS OFFICE _____

Signed _____ Date _____