



Road Closure Request Form

(County roads only)

- To temporarily close or restrict movement on a County road
- Form must be submitted 30 days prior to the closure request
- **Attach map of closure area**

Complete the following information and return to: mitchw@co.mower.mn.us

Location: County Highway(s) _____

Starting Point _____ Ending Point: _____

Proposed Start Date: _____ Time: ___:___ am/pm

Proposed End Date: _____ Time: ___:___ am/pm

Contact Name: _____

Contact Number: _____

Contact Email: _____

Alternate Contact Name: _____

Alternate Contact Number: _____

Alternate Contact Email: _____

Are you requesting traffic control signage assistance from Mower County: No Yes

If yes, describe request: _____

*NOTE: All traffic control devices must conform with the Minnesota Temporary Traffic Control field manual.

Applicant Signature: _____ Date: _____

Highway Department Signature: _____ Date: _____

Approve Deny