



Traffic Control Authorization Request

PROJECT: _____

LOCATION: Marked Route _____ Location _____

INCLUSIVE DAYS OF WORK: _____ WORK HOURS: _____

WORK TYPE: Maintenance Construction Traffic Other

Work Description _____

CONTRACTOR OR AGENCY DOING WORK: _____

RESPONSIBLE CONTACT: (Construction Foreman, or Traffic Maintenance Person)

Name: _____ Phone: _____ (Office) _____ (Mobile)
(If traffic control is to be employed between 5:00p.m. and 8:30a.m. or on
Saturday, Sunday or holidays, give three additional contacts.)

Name: _____ Phone: _____ (Office) _____ (Mobile)

Name: _____ Phone: _____ (Office) _____ (Mobile)

Name: _____ Phone: _____ (Office) _____ (Home)

CONTROLS: (Describe specific controls to be used, including reference to appropriate
Highway Standards or section of Manual, and set forth any special controls proposed.)

COMMENTS: _____

Distribution:
City of Bloomington Police
City of Bloomington Fire

Submitted by _____

Approved by _____
City Engineer

Press Release ___ Yes ___ No