

**TOWN OF LEDGEVIEW
PUBLIC WORKS DEPARTMENT**

Permit # _____

Project # _____

ROAD CLOSURE AGREEMENT

The following amendment shall be made part of the attached permit.

CONTRACTOR INFORMATION:

Name: _____

Address: _____

Contact: _____

Phone #: _____

Fax #: _____

UTILITY INFORMATION:

Name: _____

Address: _____

Contact: _____

Phone #: _____

Fax #: _____

ROAD CLOSURE INFORMATION:

Town Road: _____

Location: _____

Estimated Days of Road Closure: _____

Estimated Start Date: _____

Estimated Completion Date: _____

**The utility will be invoiced upon completion of the project, for the total number of days the road is closed,
at a rate of \$75.00 per day.**

The above-named utility shall be liable for all costs and damages directly caused by the utility due to the closure and detour of said roadway. I hereby agree to the aforementioned information, terms and conditions.

Signature of Authorized Utility Representative

Date

Printed Name

Title

DO NOT WRITE BELOW THIS LINE

ROAD CLOSURE APPROVED:

Signature

Title

Date

ROAD CLOSURE DENIED:

Signature

Title

Date