



3000 Sheffield Road
Winter Haven, FL 33880

PHONE: 863-535-2200
FAX: 863-534-7339
www.polk-county.net

ROADS & DRAINAGE DIVISION

Lane Closure Request Form

DATE OF REQUEST: _____ PROJECT NAME: _____

PROJECT LOCATION: _____
Street Name Municipality

SCOPE OF WORK: _____

REASON FOR ROAD CLOSURE: _____

CLOSURE START DATE: _____

CLOSURE DURATION: _____ PROJECT DURATION: _____

OFFICE CONTACT: _____
Name Office Phone Agency or Company

JOB SITE CONTACT: _____
Name Mobile Phone Agency or Company

NOTE: Request must be returned at least seven (7) working days prior to closure start date.

Submit form with a Traffic Control Plan to roadclosurecoordinator@polk-county.net.

Polk County will notify first-responder agencies and other appropriate authorities.

Reviewed by:

Approved by:

Joe Montoya, P.E. Date
Engineering Manager

Jay M. Jarvis, P.E. Date
Division Director

Amy J. Gregory, P.E. Date
Traffic Manager

ADA Revised 7-9-19