



3000 Sheffield Road  
Winter Haven, FL 33880

PHONE: 863-535-2200  
FAX: 863-534-7339  
[www.polk-county.net](http://www.polk-county.net)

**ROADS & DRAINAGE DIVISION**

**Road 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

JOBSITE CONTACT: \_\_\_\_\_  
Name Mobile Phone Agency or Company

NOTE: Road closures are only granted when no other option exists and for the shortest time needed to finish work. Reason for road closure must be specific. Request must be received at least ten (10) working days prior to the start date of the closure.

Submit form with a locator map and Traffic Control Plan to [roadclosurecoordinator@polk-county.net](mailto: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

\_\_\_\_\_  
Ryan Taylor Date  
Deputy County Manager