



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:**

**REQUESTING AGENCY/COMPANY:**

**PROJECT NAME:**

**PROJECT DESCRIPTION/SCOPE OF WORK:**

**PROJECT LOCATION:**

(Street Name and Nearest Municipality)

**REASON FOR LANE CLOSURE:**

**ANTICIPATED START DATE:**

**ESTIMATED DURATION OF ROAD CLOSURE:**

**ESTIMATED DURATION OF PROJECT:**

**OFFICE CONTACT AND ORGANIZATION:**

(Name, Phone and Agency/Company)

**JOBSITE CONTACT AND ORGANIZATION:**

(Name, Phone and Agency/Company)

**NOTE:** Road closures are only permitted when no other alternative exists and for the shortest time needed to complete work. Please provide specific information justifying need and time required for the closure.

*Road closure request must be received by the Roads & Drainage Division at least (10) working days prior to the anticipated start date of the closure.*

Submit completed form with MOT/TCP with detour plan to [roadclosurecoordinator@polk-county.net](mailto:roadclosurecoordinator@polk-county.net).

**Reviewed by:**

**Approved by:**

\_\_\_\_\_  
Joe Montoya, P.E.                      Date  
Engineering Manager

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

\_\_\_\_\_  
Amy Gregory, P.E.                      Date  
Traffic Manager

\_\_\_\_\_  
William D. Beasley                      Date  
Deputy County Manager