



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

LANE/ROAD CLOSURE REQUEST FORM

Date: _____

Project Name: _____

Project Description: _____

Description of Closure Location: (In addition, a MAP/DIAGRAM showing the location of the requested closure **MUST** accompany this form.)

Are any of the following affected by the closure? Sidewalks Street Parking
 Other _____

Reason for Lane/Road Closure: _____

Anticipated Start Date & Time: _____

Estimated End Date & Time: _____

Please identify who will be providing Traffic Control: _____

Applicant's Contact Information (Name/Company Name/Phone/Email): _____

UT Project Manager if Applicable (Name/Phone/Email): _____

NOTE: Street/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.

Street/Road closure requests **must be received** by the Office of the Senior Associate Vice Chancellor for Finance & Administration **at least (15) working days prior** to the anticipated start date of the closure. *Request forms may be faxed to 865-974-3536 or emailed to utoperations@utk.edu.*

The Office of the Senior Associate Vice Chancellor for Finance & Administration will notify appropriate emergency agencies.

Approved By:

Jeff Maples (or official designee)
Senior Associate Vice Chancellor for Finance & Administration

Date

Office of the Senior Associate Vice Chancellor for Finance & Administration
405B Andy Holt Tower, Knoxville, TN 37996-0184
(P) 865-974-3061, (F) 865-974-3536

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