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| TRANSPORTATION CLOSURE FORM  (Streets, Sidewalks, Bike Paths & Bike Parking) | |
| **Date Submitted:** Click or tap to enter a date. | |
| **Street(s), Sidewalks, Bike Path or Parking to be Closed:** Click or tap here to enter text.  **Intersecting Streets which are affected or define limits of closure:** Click or tap here to enter text. | |
| **Reason for Closure:** Click or tap here to enter text. | |
| **Project On-Site Contact Person:** Click or tap here to enter text.  **U of I Project Manager (PM):** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text.  **U of I PM Phone Number:** Click or tap here to enter text. |
| **Date of Closure:** Click or tap to enter a date. | **Expected Time of Closure:** Click or tap here to enter text. |
| **Date of Re-opening:** Click or tap to enter a date. | **Expected Time of Re-opening:** Click or tap here to enter text. |
| **Work Order No. (if used):** Click or tap here to enter text. | **CDB Contract No.:** Click or tap here to enter text. |
| **Is Traffic re-routing necessary?** Choose an item. | **If so, who should be involved?** Click or tap here to enter text. |
| **Will Pedestrian/bicycle traffic be affected?** Choose an item. | **If so, will the sidewalk be closed?** Choose an item. |
| **Will ADA audible/visual warnings and barriers be provided?** Choose an item. | **Will pedestrian traffic be routed safely?** Choose an item. |
| **Are additional safety precautions needed?** Choose an item. | |
| Please provide a diagram noting signage, re-routing, safety features, etc. with related explanations. **Diagram required.** | |
| Yes No  Is barricading required? If so, indicate the barricade locations on the diagram. You must contact the F&S Service Office to submit a barricade service request  Will Facility & Services staff place the barricades? If the barricades will be placed by others, give the name of person responsible and the telephone number:Click or tap here to enter text.  Will police be necessary to direct the traffic? If so, name jurisdiction times, dates and location of each officer needed: Click or tap here to enter text.  Will this street closure affect University of Illinois parking meters on the street or in the parking lots in this area?  If so, you **MUST** contact the Parking Department at 333-3530 as there may be a fee assessed.  Will MTD, DRES or other bus route re-locations be necessary? If so, coordinate with affected agency.  Record name and date of discussion with agency representative:Click or tap here to enter text.  Will deliveries be permitted? **If so, how will access be controlled?** Click or tap here to enter text. | |
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| **Date approved:** Click or tap to enter a date. **Approved By:** Click or tap here to enter text. | |
| Transportation Systems Manager (TSM): Stacey DeLorenzo · Phone: (217) 300-1750 · [fandscampustdm@illinois.edu](mailto:fandscampustdm@illinois.edu) | |