



## TRAFFIC CONTROL PLAN REQUEST FOR LANE CLOSURE

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Date: \_\_\_\_\_

Project: \_\_\_\_\_

Street(s) Affected \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Mobile: \_\_\_\_\_

Dates for Closure: \_\_\_\_\_ to \_\_\_\_\_

Reason for Closure: \_\_\_\_\_

\_\_\_\_\_

Email the TCP and this form to the City Inspector for review and approval by the City of Richardson Transportation & Mobility Department.

City Inspector: \_\_\_\_\_

City Inspector Email: \_\_\_\_\_