



PERMIT No. _____

TOWN OF KIPLING

TEMPORARY ROAD CLOSURE PERMIT APPLICATION

REQUESTING TO CLOSE : _____ ROAD _____ OTHER

LOCATION OF CLOSURE: _____

PURPOSE OF CLOSURE: _____

DATE OF CLOSURE: _____

DATE OF CLOSURE: _____ AM/PM TO _____ AM/PM

ORGANIZATION NAME: _____

Contact Name: _____ Email: _____

Civic Address: _____ P.O. Box # _____ Postal Code _____

Phone No. Res: _____ Cell: _____ Work: _____ Fax: _____

Please highlight the blocks affected on the enclosed map.



1. It is the Applicant's responsibility to call Town Maintenance (306) 736-9092 the preceding day for a confirmation reminder to have the barricades delivered.

Application Date

Applicant's Signature

TEMPORARY ROAD CLOSURE PERMIT

CONDITIONS OF APPROVAL: _____

FEE: \$ _____ DAMAGE DEPOSIT: \$ _____ TOTAL: \$ _____

DATE: _____ APPROVED BY: _____

COPIES OF PERMIT TO BE GIVEN TO:

Ambulance (Fax) 306-736 8407 (Gloria Kish)

Fire Chief Email: kdnordal@sasktel.net

Applicant (Fax/Email/Mail)

R.C.M.P (Fax) 306 736 6402

Town Maintenance (Fax) 306 736 8448