Michigan Department
of Transportation
0561 (12/15)

MDOT LANE CLOSURE NOTIFICATION/REQUEST FORM

(FOR SHIFTS, LANE, SHOULDER, STRUCTURE AND RAMP CLOSURES)

TSC: _____ DATE: _____

COUNTY: _____ REQUEST #: _____

JOB #: _____ REQUESTOR NAME: _____

PRIME CONTRACTOR: _____ 24 HR CONTACT: _____

ROUTE	DIRECTION	LOCATION OF CLOSURE (Cross St. to Cross St., M.P. to M.P., Exit name and Number)	WORK DESCRIPTION	DETOUR Y/N	EXISTING # LANES	CLOSURE TYPE (Place "X" in the boxes that apply)								DURATION OF CLOSURE and TYPE (Place "X" in the boxes that apply)					RESTRICTIONS		
						LEFT SHLDR	LANE NUMBER 1	2	3	4	RIGHT SHLDR	RAMPS ENTRANCE	EXIT		DATE MM/DD	TIME	DAILY/ RECURRING	MOVING	HEIGHT	WEIGHT	WIDTH
														CLOSE							
														OPEN							
														CLOSE							
														OPEN							
														CLOSE							
														OPEN							
														CLOSE							
														OPEN							
														CLOSE							
														OPEN							
														CLOSE							
														OPEN							
														CLOSE							
														OPEN							

DETOUR ROUTE	
SUMMARY	

Please submit for approval before 2 p.m. each Monday of the week a minimum of five (5) business days prior to the start of requested closures, by email to the Project Engineer for processing.

NOTE: SEMTOC shall be called in 'Real Time' when lane closures are beginning and when lane closures are removed in addtion to providing advance notification on this Lane Closure Form. This includes shoulder closures and moving operations. Please notify SEMTOC and refer to the Main Job Number associated with the project.

Clear Form